

** Please note – Link-Up services are not responsible for reuniting clients who have been removed under state territory child protection legislation enacted after 1975.

Link-Up Referral Form

Reunion

Family Tracing

Counselling

Client Details					
Name:					
Date of Birth:			Gender:		
Address:		Postcode:		Phone:	
				Mobile:	
Email:				Can we leave a voice message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Aboriginal			<input type="checkbox"/> Torres Strait Islander		
Please select which stolen generation you are:					
<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th					
Do you have any disabilities?		<input type="checkbox"/> Yes (if yes, please outline below):			<input type="checkbox"/> No
Language spoken at home:			Interpreter required		<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you attend a mission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of mission		
Do you receive services through NDIS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not, do you receive any services through Home and Community Care Program (HACC)		<input type="checkbox"/> Yes <input type="checkbox"/> No

Details of person making the referral					
<input type="checkbox"/> Agency referral			<input type="checkbox"/> Self-referral		
Name					
Address				Phone	
				Mobile	
Email					
Signature		Date of referral			

Please return this referral form to Yorgum by either emailing or posting the form to us:

Email	Post
Please email the completed form to: link-up@yorgum.org.au	Please post the completed form to: <i>The Link-Up Manager</i> <i>Yorgum Healing Services</i> PO Box 236 Northbridge WA 6865

Once completed, the contents of this document are PRIVATE and CONFIDENTIAL.
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Yorgum Office Use Only	
Date referral received	
Date acknowledgment letter sent	
Allocated for action to	
Referral decision/follow up	