WSA REFERRAL FORM

External Service Referral

womensshelter ARMIDALE INC

Please complete this form with the information available to you and email it to **referral@wsa.ngo.org.au**. WSA will review the referral and contact the client/referrer as appropriate.

REFERRAL DETAILS

Date of Referral:		**Referring Organisation / Service:**	
Referrer Name:		**Position / Role:**	
Phone:		**Email:**	

CLIENT DETAILS

Client Name:		**Date of Birth:**	
Phone:		**Preferred Language:**	
Current / Last Address:		**Safe to call/text?** ☐ **Yes** ☐ **No**	

Gender: ☐ Female ☐ Male ☐ Other: _____

Cultural Identity: ☐ Aboriginal ☐ Torres Strait Islander ☐ Other: _____

HOMELESSNESS / ACCOMMODATION

☐ Homeless ☐ At risk of homelessness ☐ Other / unsure:

_____

Last / Current Accommodation:		**Accessed Link2home?** ☐ **Yes** ☐ **No**	
Accessed Homes North? ☐ **Yes** ☐ **No**		**Barriers to accessing TA:**	

IDENTIFIED NEEDS / REASON FOR REFERRAL

☐ Crisis Accommodation ☐ Housing ☐ Domestic & Family Violence ☐ Parenting

☐ Food Assistance ☐ Health ☐ Education ☐ Mental Health ☐ Access to Supports

☐ DCJ Advocacy ☐ Centrelink ☐ Other:

_____

Please provide a brief overview of the reason for referral and the client's current situation:

FAMILY UNIT

Name	DOB	Relationship	Aboriginal / Torres Strait Islander?

ADDITIONAL INFORMATION / NOTES

Please include any other information that may assist WSA to understand the referral and the support being requested:

CLIENT CONSENT

Has the client consented to this referral and to WSA contacting them regarding support?

☐ Yes ☐ No ☐ Unable to obtain – please explain below

Additional consent information (if required):

Referral submission: Please email completed referrals to referral@wsa.ngo.org.au. If the person is in immediate danger or requires an emergency response, use the appropriate emergency service pathway rather than relying on this referral form.