

Date:

Reconnect intake worker:

Young Person Details				
Name:		Phone number:		
Address:		DOB:	Age:	
Email Address:				
Alternate contact:		Preferred method of contact:		
Male:	Female:	Intersex:	Intermediate:	Not Stated:
Do you identify as	Aboriginal:	Torres Strait Islander:	Both:	Neither:
Have they been in Australia less than 5 years:				
Country of Birth:		Primary Language:	Interpreter required:	
Current residence:				
Family:	Friends:	Couch surfing:	Sleeping on the street:	
Risk of Homelessness				
Imminent:		Possible:	Probable:	
Left home previously:		How many times have they left previously:		
Young Person Consent				
Yes:		No (Please obtain consent):		
Source of referral				
Contact person:		Role:		
Contact number:		Agency:		
CSS Involvement				
Current involvement:				
Current orders:		Past involvement:	No Involvement:	
Please list other agencies involved				
Agency	Worker		Contact Details	
Family network/Significant others				
Name	Male/Female	Relationship to YP	Address	Phone number



Background Information Education details				
Educational institution	Engaged Y/N	Current grade	Contact person	Phone number

Presenting Issues

Anticipated Reconnect Support

Young person support	Young person and family support