



Personal Helpers
& Mentors

An Australian Government Initiative



REFERRAL FORM

All information is strictly confidential

Date Received: _____

Personal Information

Name: _____ Gender: Female Male

Address: _____

Postal Address: _____

Phone: _____ Mobile: _____

Email: _____

Date of Birth: _____ Birth Country: _____

Language: _____ Interpreter Required: Yes No

Aboriginal or Torres Strait Islander: Yes No _____

Referral Source

Name: _____ Position/Title: _____

Agency Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

How long have you known the applicant? _____

Parent/Guardian/Carer Details

Name: _____

Address: _____

Relationship to applicant: _____

Phone: _____ Mobile: _____

Email: _____

PLEASE NOTE: If the applicant is under the age of 18 years, or under legal guardianship, then the parent/guardian must sign the consent for the release of this information.

Personal Helpers and Mentors Referral Form

Reason for referral and details of support needs

Please discuss how the mental health diagnoses, and any other disabilities, are barriers to achieving personal goals. Describe how the Personal Helper and Mentor could assist the applicant to live more independently in the community.

Does the applicant aspire to enter education and/or employment? Yes No

Additional Information

Is the applicant living with a diagnosed mental illness? Yes No

What diagnosis is the applicant living with?

If there is no formal mental health diagnosis, what are the issues?

Which of the following services provide mental health support and/or treatment? (Please tick)

Mental Health Service Psychiatrist Clinical Psychologist GP
Family Carer Other Service Providers Other

Please provide details:

Is the applicant receiving a Centrelink benefit eg. Newstart?

Personal Helpers and Mentors Referral Form

Does the applicant have a preference for a Male or Female mentor?

Does the applicant live alone? If not, who does the applicant live with?

Please provide details of any current orders

Community Treatment Order _____

Apprehended Violence Order _____

Other Order _____

The Privacy Act requires the applicant or person responsible to sign this form giving their consent for the release of the information. The Referrer and the Applicant agree that no information has been withheld and that all information provided is accurate, correct and necessary for CHES to provide a Duty of Care to the Applicant and meet its obligations to staff and volunteers.

I _____ give consent to the Personal Helpers and Mentors staff of CHES to receive the information contained in this application, and to seek information from the referral source concerning matters related to this application, for the period of this application process. I confirm that I am interested in a Personal Helper and Mentor assisting me with my personal goals.

Signed: _____ Date: _____

If signing on behalf of person being referred, please confirm that given written/verbal consent has been obtained:

Yes No

Signed: _____ Date: _____

Please forward this form and supporting documentation to:

CHES
41 Gordon Street
Coffs Harbour NSW 2450
Phone: (02) 6691 9333
Fax: (02) 6691 9393

PHaMs SERVICE ENTRY RISK ASSESSMENT

All information is strictly confidential. PLEASE ATTACH ANY PREVIOUS RISK ASSESSMENTS.

Name:						Date: / /
Issue	YES or No	Category	Risk Plan in Place	What PHaMs Support is Required?	What External Support is Required?	
Risk of Aggression Low: Irritable, verbally abusive Med: Property damage High: Assaults other people	Yes / No	Low Medium High				
Risk to Physical Health Low: Poor diet, does not visit GP Med: Does not take medications High: Major Health problem, refuses help	Yes / No	Low Medium High				
Risk to Self Harm Low: No real suicide ideation Med: Personal harm risk High: Suicide plan, suicidal behaviours	Yes / No	Low Medium High				
Potential for Social Disruption Low: Loud noise, poor sleep patterns Med: Intrusive toward others, offensive High: Intrusiveness results in violence	Yes / No	Low Medium High				
Risk of Isolation Low: Minimal social support, basic needs met Med: Lack of social interaction High: Social isolation affects Mental Health	Yes / No	Low Medium High				
Drug and Alcohol Issues Low: Loss of self control, but not addicted Med: Dependant on drugs and/or alcohol High: Incapacitated by drugs and/or alcohol	Yes / No	Low Medium High				
Risk of Vulnerability Low: Gives away money or cigarettes Med: Fails to seek help High: Exploited physically/sexually/emotionally	Yes / No	Low Medium High				
Risk to Safety Low: Failure to lock front door Med: Fire risk, leaves stove on, cigarettes alight High: Disregard for safety/reckless behaviour	Yes / No	Low Medium High				
Score: Number of Low, Medium and High selections					Low ____ Medium ____ High ____	