

This is an example referral that has been designed to accompany Tanya's proposed High Needs package budget. The content aims to demonstrate the type of information that may be captured by a referral. There is no single solution to meeting complex needs as every individual has a unique interaction between their health and social needs, so this information is not intended to suggest the content of another individual's referral

Together Home

## High Needs Panel Referral Form

High Needs Support Package

Please return to: [highneedspackage@homelessnessnsw.org.au](mailto:highneedspackage@homelessnessnsw.org.au)

### Section 1

Name and contact details of person making referral

Name

Jane Black

Job title

Case Worker

Organisation

Higher Ground Support Services

District

**Murrumbidgee, Far West and Western**

Email

Jane.black@higherground.org.au

Telephone

0410 000888

Date Referred

1/12/2020

If there is anyone else that might be better placed to provide any additional information that needed to support the referral, please provide their details, and inform them that someone from the High Needs Panel may be in touch if more information is required.

Name:

Organisation:

Telephone

Email

### Engagement with frontline services

Select **ONE** statement that best applies to the individual being referred:

In the last month they:

- Rarely missed an appointment.
- Usually kept appointments and routine activities; followed through with reasonable requests, engaged in accessing other services.
- Followed through some of the time with daily routines or other activities; sometimes followed through with reasonable requests; minimally involvement with other services.
- Were irregular with routine activities or rarely engaged with reasonable requests, though kept some appointments.
- Did not engage at all or keep appointments

Section 2		Individual details	
Name: Tanya Green		D.O.B: 01/07/1997	
Current VI-SPDAT Score	16	Previous VI-SPDAT score	
Individual identifies as Aboriginal and/or/both Torres Strait Islander		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Individual identifies as Aboriginal and/or/both Torres Strait Islander and over 45 yrs.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Individual identifies as LGBTQI+A		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Female		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Female under 24 yrs.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Individual over 55 yrs.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Current living situation</b>			
Rough Sleeping		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Temporary Accommodation		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Transitional Housing		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Housed		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Living in overcrowded housing		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other (please provide details)		<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Section 3		Reason for referral	
Length of time cycling between homelessness and temporary accommodation		___ weeks/ ___ months/ 7 years	
VI-SPDAT score is less than 15 but individual has chronic at-risk health conditions that requires urgent review. If answer is 'No' please discontinue referral		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mental Wellbeing		Tanya has experienced trauma in her life that remains untreated. She has a history of multiple admissions to hospital Emergency Department (ED) Tanya has been admitted to mental health units involuntarily and has also admitted herself when she has felt unsafe. While on the streets, she has attempted to harm herself and has engaged in risky activities. Since engaging in the Together Home Program Tanya has re-engaged with her mental health team however her attendance at appointments has been sporadic. This is due to the absence of regular public transport and in part her chaotic lifestyle.	

	<p>When her depression becomes acute Tanya finds that she cannot sleep. She becomes highly anxious and her drug use increases. Tanya finds talking to someone very useful when she is in crisis. If she can describe how she is feeling she finds it easier to distance herself from negative associations and activities.</p>
Physical Health	<p>Tanya has diabetes. A recent referral has led to Tanya engage with her GP. A chronic health care plan has been initiated to support her to manage her diabetes.</p> <p>Tanya first became homeless at the age of 16. She has accessed temporary accommodation on numerous occasions over the past 7 years but has become homeless again. Tanya has had limited opportunity to develop the living skills she needs to maintain a healthy diet that is required to manage her diabetes.</p> <p>Whilst sleeping rough Tanya has been a victim of physical assaults by her partner resulting in several hospital admissions and dental injuries.</p> <p>Tanya's physical health will require an integrated support plan to coordinate multiple service providers. She struggles with developing routines and keeping appointments. She will need significant support to build her confidence, develop independent living skills, routines and manage her appointments.</p> <p>A letter of support form Tanya's GP is attached. This provides details of Tanya's current health care plan.</p>
Substance Use	<p>Tanya drinks alcohol frequently and takes other drugs Her partner has been her main supplier over the last 12 months</p> <p>Tanya is not receiving treatment however she has significantly reduced her substance use since moving into her new property. She recognises that everyone in her world is involved in drug use and that she needs to move away from these friendship circles.</p> <p>Once Tanya feels more stabilised in her new environment she will be linked to appropriate supports. This is an intermediate priority as Tanya is feeling overwhelmed with the number of professionals who</p>

	<p>have recently come into her life and will not work with people until trust has been built.</p>
Current risk to tenancy	<p>There was a recent incident where her ex-partner caused damage to the property and she is worried this may place her tenancy at risk. Tanya is fearful that she will not be safe in her new home as her partner is likely to attempt entry again. She has become hypervigilant and this is impacting negatively on her mental health. A referral has been made to a local DFV support service who are working with Tanya on safety planning however the service is not able to provide brokerage.</p> <p>A supporting letter from XXX DFV service is attached. This outlines why the provision of additional security is required to reduce the risk of further domestic abuse and support Tanya to feel safe.</p> <p>Tanya identifies as Aboriginal and has expressed a desire to explore her culture and make connections within her community. Tanya has a history of supporting other homeless people. She has the potential to place her sobriety and tenancy at risk as recently she offered shelter to a homeless friend who was engaging in drug use with multiple persons in her home.</p> <p>Tanya has been connected to a local Aboriginal organisation who are supporting her to also learn about positive, healthy relationships and boundary setting.</p>
Other	<p>Tanya has not been to prison, however since sleeping on the streets she has had multiple interactions with the police and has some ongoing legal issues that she is worried may result in her being locked up or having to pay a fine. Tanya does not receive any income currently.</p>

Section 4	Summary of risks		
	Current (last 2 weeks)	Recent Past (last 6 months)	Historical Past (over 6 months)
Self-Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Harm to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal thoughts/intentions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physical/sexual/emotional abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Significant medical needs/Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5		Referral History
<b>NDIS</b> <input type="checkbox"/> Current <input type="checkbox"/> Previous referral	Provide details to any barriers encountered when making referral to this service	
<b>Mental Health</b> <input checked="" type="checkbox"/> Current <input checked="" type="checkbox"/> Previous referral	<p>Provide details to any barriers encountered when making referral to this service</p> <p>Due to history of hospitalization Tanya's mental health needs review with a specialist. She has previously been diagnosed anxiety and depression. She does not take any medication. She has recently re-engaged with her GP who has initiated a mental health plan</p> <p>Tanya has been referred for talking therapy, with the initial 6 session to be covered by the Medicare rebate. Tanya has identified she found talking to be a useful coping mechanism in the past. Tanya is keen to work out how to deal with her negative thoughts and feelings and is keen to explore a humanistic therapy that will adopt a holistic approach explore her relationships with her mind, emotions spirituality and culture. Tanya's GP has recommended that due to the trauma she has experienced that therapy should be provided for a minimum of 12 months if Tanya finds this type of therapy helpful.</p> <p>It is anticipated that this humanistic therapeutic approach will complement the support that Tanya is being provided by a local Aboriginal Corporation that is working with her on establishing boundaries and positive relationships.</p> <p>Tanya's GP has recommended a neuropsychological assessment to determine her eligibility for NDIS package. This is unavailable through NDIS and would require assessment by a private practitioner. The cost associated with this is prohibiting Tanya from accessing much needed supports.</p>	
<b>HASI</b> <input type="checkbox"/> Current <input type="checkbox"/> Previous referral	Provide details to any barriers encountered when making referral to this service  It is intended to make a referral to HASI after Tanya has stabilised and is engaging with services.	
<b>GP</b> <input checked="" type="checkbox"/> Current <input type="checkbox"/> Previous referral	Provide details to any barriers encountered when making referral to this service  Tanya has re-established her relationship with her GP whom she trusts. He is aware of her of physical and mental health difficulties, trauma and history of homelessness Tanya's GP is pivotal in supporting a multi-agency support plan through ongoing management of her diabetes, ensuring referrals are made to	

	specialist services and reviewing any reports as part of her mental health plan.
<b>Drug &amp; Alcohol Service</b> <input type="checkbox"/> Current <input type="checkbox"/> Previous referral	Provide details to any barriers encountered when making referral to this service  Tanya has previously attended drug and alcohol support services whilst she was on the streets but did not have a good experience due to culturally inappropriate responses. Tanya has shown a degree of motivation to continue abstinence however she is currently feeling overwhelmed by her current situation and does not feel she has capacity to develop any new relationships with professionals at present. A referral will be made once Tanya indicates a need or willingness to receive support.
<b>Other</b> <input checked="" type="checkbox"/> Current <input type="checkbox"/> Previous referral	Provide details to any barriers encountered when making referral to this service  Tanya is receiving dental treatment via the Aboriginal medical service.  A referral to the Aboriginal legal service has been made to explore an application for WDO for payment of fines

## Section 6

### Consent Statement for information sharing with the High Needs Panel

If you believe the client has consented to this referral via an alternative consent form, please provide proof of this consent here.

As part of her ongoing Together Home Care plan Tanya has engaged in discussion regarding her needs as outlined in the referral. She has provided verbal consent and has worked with this service to prioritise the support services she would like to receive.

If you have not received the client's consent to be referred for consideration for higher support funding, please completed the following with the client.

**I understand the information that is recorded on this form and agree to it being shared with the High Needs Panel for the purpose of providing services to me. I have agreed to sharing information with the services listed below.**

Name

Date

Signed

Or

Verbal consent                      **Yes**     **No**

Audio consent attached    **Yes**     **No**

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<b>Section 7</b>	<b>Additional Information Checklist</b>	
Individual has provided consented to a referral to the High Needs Panel?	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>	
TH client engagement and Nomination form (attached)	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>	
HNP Budget: Required Support services and costs (attached)	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>	
VI-SPDAT Score provided	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>	

**HNP use only: Date/time received**