

Specialist Homelessness Service (SHS)

Target group: Individuals and families who are homeless or at risk of homelessness, with barriers to resolving their own homelessness in the Port Stephens LGA [accepting clients of all ages & gender identities].

This program includes outreach support, as well as some crisis accommodation [female identifying only] and transitional accommodation [accepting clients of all gender identities]. This program involves intake and case management. The Specialist Homelessness Team is in high demand and prioritises referrals. However we will always see urgent Domestic Violence referrals on the referral business day or next business day after weekend/public holiday.

Send form to: shs@psfans.org.au; Phone: 4987 1331 for enquiries.

Men's Family Safety Worker

Target Group: Men and young men whom are perpetrators of domestic or family violence in the Port Stephen's LGA. The service is voluntary requiring the man to be open to a referral to supports to address their behaviour.

Our Men's Family Safety Worker provides supports to men and young men who have a background of domestic/family violence, to assist in making changes to their life as a result of any AVO or ADVO conditions in place and exploring housing/accommodation options for the man who is either homeless or at risk of becoming homeless as a result of their use of violence. The service includes face to face conversational and case management supports, safety planning and exploring relevant referrals with the client in accordance with the Minimum Standards for Men's Behaviour Change programs in NSW. Referrals to the Men's Family Safety Worker are assessed based on caseload capacity and priorities.

Send form to: shs@psfans.org.au; Phone: 4987 1331 for enquiries.

Staying Home Leaving Violence (SHLV)

Target group: Women and their children who have experienced domestic violence in, or who have moved to, Port Stephens LGA.

Our SHLV program provides support to women to stay safely in their own home OR THE HOME OF THEIR CHOICE. This may include case management support, safety planning and security upgrades. The Staying Home Leaving Violence Team aims to contact women within 48 hours. This program is in high demand and prioritises referrals and will see urgent Domestic Violence referrals on the referral business day or next business day after weekend/public holiday.

Send form to: shlv@psfans.org.au; Phone: 4987 4674 for enquires.

Child and Family Program Referrals

Target group: Families with children aged 0-11 years.

Counselling, casework, referral and information

The Child and Family Program prioritises referrals. This means that families with lower risk will, unfortunately, due to demand and available resources, have to be referred elsewhere. However, clients can attend Playtime Plus sessions (staffed by social workers and early childhood specialists and regular visiting services e.g. speech pathologists, occupational therapists) where assessments and initial referrals and supports can be put in place while the family waits to be allocated. If the referral is for a school aged child, we will, where possible, offer a group program in the interim.

Send form to: caf@psfans.org.au; Phone 4987 4674 for enquiries.

Youth and Family Program Referrals

Target group: Young people aged 12-18 years and their families.

Counselling, casework, referral and information

The Youth Program prioritises referrals. This means that young people and their families with lower risk will, unfortunately, due to demand and available resources, have to be referred elsewhere. However, we have youth counsellors in the 3 high schools in Port Stephens, so the young person can usually meet with a worker there quite quickly on an interim basis.

Young people can also access drop in at The Deck (our Youth Centre) while waiting. Young people with homeless issues can also drop into The Deck on any Monday and meet with our Specialist Homeless Team Youth Staff. We also have Headspace extra on site at our Jacaranda Avenue Centre. Headspace extra support young people between the ages of 12-25 years who may be experiencing more chronic and episodic moderate to severe mental illness and other psychosocial stressors impacting on a young person and their families' level of functioning. It specifically targets young people with more complex needs, in particular Aboriginal and Torres Strait Islander young people.

Send form to: yaf@psfans.org.au; Phone: 4987 4674 for enquiries.

Headspace Extra: www.headspace.org.au/headspace-centres/newcastle/

Some of the information requested may not be known to you. Please complete this form with as much information as you have access to. This supports us to triage and reduces incidents of clients having to re-tell their story.

Date:

1. Referrer Details:

Full Name:

Organisation:

Contact Number:

Email:

2. Client Details:

First Name:

Surname:

Contact Number:

Email:

Is it safe for us to: [Please tick the relevant options:](#)

☐ Call

☐ Leave a message

☐ Text

☐ Post to address listed

☐ Email

Date of birth:

Gender identity:

Address:

Client demographics:

Does the client identify as Aboriginal or Torres Strait Islander?

Does the client identify as LGBTIQ:

CALD:

Country of birth:

Year of Arrival in Aus:

Primary Language Spoken:

Does the client prefer to use an interpreter:

Household Composition:

Homeless?

Relationship status: [Please select from the following options:](#)

Partner's Information:

First and Last Name	Gender	Date of Birth	Country of Birth	ATSI	Usual Place of residence

Children's Information:

First and Last Name	Gender	Date of Birth	Country of Birth	ATSI	Usual Place of residence

3. REFERRAL FOR SUPPORT:

Program referring to: [Please select from the following options:](#)

What supports are you providing to this client and will this support continue following the referral?

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Primary reason for referral:

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Some of the information requested may not be known to you. Please complete this form with as much information as you have access to. This supports us to triage and reduces incidents of clients having to re-tell their story.

Issue	Comments
Accommodation <ul style="list-style-type: none"> Does the client have somewhere safe to stay tonight: How long can the client stay there: Type of accommodation: Barriers to resolving own accommodation issues e.g. TICA 	
Domestic Violence <ul style="list-style-type: none"> Please explain current risk and circumstances: Perpetrator details: Full Name and DOB: Current Location: Address: Police involvement: Date of last incident: AVO?: 	
Mental Health <ul style="list-style-type: none"> Condition (diagnosed or undiagnosed): Treatment plan, if any (including medication): Treatment compliance: YES/NO Any current risk to self or others: 	
AOD <ul style="list-style-type: none"> Current substance use: Previous History: If yes, what substance: When was last use: Frequency: Dose: Any supports in place: 	
Disability <ul style="list-style-type: none"> Intellectual: Learning Disorder: Psychiatric: Physical: Other: Any supports in place: 	

<p>Health</p> <ul style="list-style-type: none"> ▪ Condition {diagnosed or undiagnosed}: ▪ Current treatment plan, if any (including medication): ▪ Treatment compliance: YES/NO 	
<p>Financial</p> <ul style="list-style-type: none"> ▪ Type of Income: ▪ Fortnightly amount: ▪ Client's next pay date: ▪ Any debts (please list): 	
<p>Child Protection</p> <ul style="list-style-type: none"> ▪ Current concerns: ▪ DCJ involvement: YES/NO ▪ Family Law proceedings/orders: YES/NO 	
<p>Behaviour Concerns</p> <ul style="list-style-type: none"> ▪ History of violence or aggressive behaviour (provide details): YES/NO ▪ Probation and Parole Involvement: ▪ Risk Taking Behaviour: 	
<p>Legal issues</p> <ul style="list-style-type: none"> ▪ Outstanding court appearances ▪ Charges ▪ Family Law 	
<p>OTHER</p> <ul style="list-style-type: none"> ▪ Please include any other relevant information 	

What other referrals have been made for this client?

What other services is the client currently engaged with (include contact details if known):

1. _____
2. _____
3. _____

You may obtain verbal or written consent from the client to make this referral. Please complete below. *Please note, all programs of PSFaNS are voluntary.*

Written consent from client:

I, _____ consent for my information to be sent to Port Stephens Family and Neighbourhood Services (PSFaNS) Inc. for the purpose of referral.

Signed: _____ Date: _____

Verbal consent from client:

I _____ (referrer) of _____ (insert agency name) obtained the verbal consent of _____ (insert client name) for this agency to collect, hold, and send his/her personal information to Port Stephens Family and Neighbourhood Services Inc. for the purpose of referral.

Signed: _____ Date: _____

COVID-19 PRECAUTIONS: (Please select a Yes / No response)

Please note if the client answers yes to any of the following they should be advised to seek medical advice and testing. Service provision will not be denied based on answering yes however precautions and some restrictions may be necessary.

Has the client ever been diagnosed with COVID-19? _____

Has the client had any symptoms in the last 14 days? _____

- Fever (=37.5C) or history of fever (e.g. night sweats, chills), Cough, Shortness of breath, Sore/ scratchy throat, Loss of smell or loss of taste

Has the client;

- 1) been in contact with anyone diagnosed with COVID-19, _____
- 2) travelled internationally or on a cruise ship or aeroplane _____
- 3) travelled to an area within Australia considered high risk for community transmission in the last 14 days? _____