

Connector - Referral Form

Eligibility	Description
Severe Mental Ill-Health Over 18 Living in Western Sydney Not currently receiving funding from NDIS	Supporting consumers on their recovery journey to: <ul style="list-style-type: none"> • Learn more about their mental health • Connect with others • Attend fun outings and activities • Build life skills and independence • Improve physical and mental wellbeing • Link to other services • Improve money skills • Reach education and employment goals • Submit an application for the National Disability Insurance Scheme (NDIS)

1. Consumer Details

Preferred Pronoun:	First Name: Preferred Name:	Last Name:	
Address:		Suburb:	Postcode:
Email:			
Phone: H:	DOB:	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Intersex <input type="checkbox"/> Other <input type="checkbox"/>	
M:	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Pasifika <input type="checkbox"/> C.A.L.D <input type="checkbox"/> LGBTQI <input type="checkbox"/>		
Country of Birth:	Language spoken at home (other than English): Interpreter required?		

2. Emergency Contact

Name:
Relationship:
Phone:

3. NDIS

<p>Have you applied to the NDIS?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/></p>	<p>If yes, what was the outcome? (please select):</p> <p>Eligible (has a package)</p> <p>Ineligible (no package received)</p> <p>Awaiting decision (applied but no outcome)</p> <p>Under review</p>
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4. Mental Health Concerns (Undiagnosed or Diagnosed)

5. Areas you would like to work on:

<input type="checkbox"/> Friendships, social skills and family connection	<input type="checkbox"/> Education and training goals
<input type="checkbox"/> Finding and maintaining a home	<input type="checkbox"/> Vocational skills and finding a job
<input type="checkbox"/> Managing daily living needs	<input type="checkbox"/> Physical wellbeing and exercise
<input type="checkbox"/> Financial management and budgeting	<input type="checkbox"/> Building life skills including confidence and
<input type="checkbox"/> Other (specify):	resilience

6. List any current mental health supports, programs or professional that you may be receiving:

7. Consent

I, _____, (consumer name)

Consent, understand and agree to this referral being made together with me/on my behalf. De-identified information will be provided to WWPHN for statistical purposes. All other information will remain private and confidential within One Door services or unless consented to.

Signature - Consumer

Date

As the referrer, I have consent from the consumer to make this referral.

Signature – Referrer

Date

Referrer Details

Name:

Organisation/Relationship to consumer:
(EG: Carer, friend, family, worker)

Phone:

Position:

Suburb:

Fax:

Email:

Return referral to: connectorreferrals@onedoor.org.au, or call for assistance.

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Western Sydney Primary Health Network.**