



Referral Form

Ruah has a variety of programs available to assist individuals and families. Please see the Ruah website for more information about the programs available and their eligibility criteria, or call 13 RUAH (13 78 24) to speak with someone about a potential referral.

If you are filling this referral in for someone else, please obtain the person's consent and tick the box on the last page before submitting this form to Ruah. If there is a Guardianship Order in place the guardian's consent is required.

Please note, items with an asterisk (*) must be completed for the referral to be considered. The other questions are optional, however the information in this form assists Ruah to prioritise referrals and determine which Ruah program/s or other services may be suitable for the person being referred. Additional documents such as discharge summaries, care plans, etc may be attached as necessary.

Completed form and accompanying documents may be submitted via:

email: connecting@ruah.org.au **post:** PO Box 8078, Subiaco East, WA 6008.

*Please note**

Completing this form does not guarantee access to Ruah services. Please call 13 78 24 if you have any queries about the referral process or timeframes. It's really important for us to collect good information about the people that need services like ours. Part of that includes representing the different experiences and needs you have and the communities or populations you are part of.

At Ruah, we believe that everyone is welcome; everyone belongs. If you would like to read more about diversity and inclusion at Ruah, please visit our website.

For more information:

📞 13 78 24

✉ connecting@ruah.org.au

Referral Form

Details of Person Being Referred

First Name *(Legal)*

Surname *(Legal)*

Name

(if different from legal name)

Pronouns

Date of Birth

Gender identity

Man

Woman

Non-Binary

Prefer not to say

Self identify

Do you have a transgender history, experience or identity?

Yes

No

Prefer not to say

Were you born with a variation of sex characteristics?

Yes

No

Don't know

Prefer not to say

(this is sometimes called intersex)

Address

Suburb

Postcode

Email

Phone

Note: at least one method of contacting the person must be provided

Country of birth

Aboriginal

Yes

No

Torres Strait Islander

Yes

No

Main Language

Dialect

Interpreter Required

Yes

No

Carer/Support Person Involved?

Yes

No

Relationship to Individual

Carer/Support Person's Name

Email

Phone

Any children or dependents

Yes

No

If yes, number of children and ages

Reason for Referral

Living Arrangements

What best describes the person's current living arrangements?

Caravan park	Hospital	Private rental	Public housing
Home owner	Sleeping rough	Couch surfing	Other homelessness
Crisis accommodation	Prison	Temporary housing	Transitional housing

Who do they live with? Alone Family Share house

Is the housing safe? Yes No

Is the housing stable? Yes No

Is it safe and appropriate to send Ruah workers to the property? Unknown Yes No

Health and Wellbeing

Current mental health diagnosis

Date of first diagnosis

Impact of diagnosis

Details of hospital admissions (up to last 90 days)

Is there a BRA, Discharge Summary and Crisis Action Plan etc to be attached Yes No

Is there a Community Treatment Order in place? Yes No

Is there any PSOLIS alerts? Yes No If yes, provide details:

Co-occurring Conditions

Physical health concerns

Yes

No

Details

Current/historical alcohol/substance use

Yes

No

Details

Intellectual disability (diagnosed?)

Yes

No

Details

Learning disability (diagnosed?)

Yes

No

Details

Cognitive impairment

Yes

No

Details

NDIS**Has this person been assessed for NDIS eligibility?**

Yes

No

Details of when assessed / outcome etc

Medication (including dose)

Existing Supports**Current treating doctor or team****Practice****Phone****Suburb****Safety****Does the person have a history of harming themselves or others?**

Yes

No

Does the person have a history of suicidal ideation?

Yes

No

Has the person ever been in trouble with the police?

Yes

No

Has the person ever spent time in custody?

Yes

No

Is the person at risk of harm from someone else?

Yes

No

Is there a history of family or domestic violence?

Yes

No

Please provide any further details in relation to safety

Note: if issues of safety and security exist it will not necessarily preclude the individual from accessing services. Any safety and security issues identified will be further discussed with the referrer so that a support plan or risk management plan can be adopted.

Consent

Is the person aware and have they given consent for this referral to be completed	Yes	No
Does the person give permission for the release of their information to Ruah?	Yes	No
Does the person give permission for Ruah to contact them?	Yes	No

Note: that the referral will not be processed unless the above is confirmed

Next of Kin / Emergency Contact

In case of emergency, may be used to make contact with person if not able to make contact directly

* First Name * Surname

* Phone number/s

Guardianship

* Is there an Enduring Power of Guardianship in place?	Yes	No
* Is there a Guardianship order with the Public Advocate?	Yes	No
* Is there an Administration order with the Public Trustee?	Yes	No

Referral Details

If you have completed this form on someone's behalf, please complete the following information

Name Position/Role

Organisation

Address

Phone Email

Frequency of contact with referred person

Will you be providing ongoing clinical/case management support? Yes No

Note: 'Duty of care' for individuals referred to the MH&W program remains with the referrer until Ruah completes an intake assessment. If accepted to the program, a shared model of responsibility will commence.

For more information please contact the Engagement Team:

📞 13 78 24

✉ connecting@ruah.org.au

Additional Information

Please note that any additional information provided will assist in the referral process. Additional documents can also be submitted with referral, and will be treated with confidentiality.