

AFTERCARE REFERRAL FORM

* To be completed by client, referring agency, carers or family members

* Please send completed form to Aftercare@catholiccare.org.au

Referral Details

Date of Referral: _____

Self-referral

NGO

DCJ

Other _____

If referred by someone other than the client, has referrer obtained clients consent prior to referral?

Yes

No (this will need to be obtained before Proceeding)

Client Details

Name: _____

Date of Birth: _____ Age: _____

Male Female Not stated

Phone: _____ Address: _____

Email: _____

Have you been in care for minimum 12 months?

Yes No

Prior to leaving care, which agency were you connected with?

Please select

If you selected Other NGO, please state here: _____

Have you contacted them to request Aftercare support?

Yes No

If so, what was the outcome?

If no, is there a reason why?

Did you leave care because of adoption or guardianship order?

Yes

No

Current Circumstances

Describe your circumstances, needs, goals:

Form completed by:

Date:
