Case Management Referral

Guide to referrer / young person regarding Y WA case management service

Case Management at **the Y** involves working alongside a young person who is actively seeking support. We work to empower young people to build their support networks, tackle obstacles in their lives, and/or achieve their goals. The service works with the young person to identify areas they may need assistance with and provides them with support in these areas as directed by the young person. Case management supports a young person's transition into adulthood and aims to develop their capacity to self-manage and access supports independently. This service is free and not time limited.

Please note **Y Case Management** is not a mentoring service or mental health service.

The process to refer to the Y will be as follows:

- Young person is identified as in need of case management support/young person is help seeking.
- Referral to **the Y WA case management service** is discussed with the young person and the young person's Parent/Guardian/Carer (if applicable). Please note that Y case management is a voluntary service and engagement with the service is the choice of the young person.
- Young person consents to referral being submitted. Parent/ guardian consent is required if a young person selects to meet with case worker in their school/ educational institute.
- Referrer completes **the Y WA Case Management Referral Form**, with young person actively involved in this process* the referral form is in PDF format and information can be entered electronically. Referrer e-mails **the Y Referral Form** to **base@ymcawa.org.au. Y WA Youth Services** will contact referrer to acknowledge that referral has been received.
- Referrals are taken to biweekly intake meetings to determine suitability and allocated to a case worker if appropriate.

The Y case management service runs from the following locations:

The Base@Belmont Youth Centre
275 Abernethy Road
Cloverdale 6105

(service is available to young people aged 12-25 years)

The Y HQ Leederville
60A Frame Court
Leederville 6007

(service is available to young people aged 12-25 years)

The Y Armadale
Unit 5, 36-40 Commerce Avenue
Armadale WA 6112

(service available to young people aged 12-18 years)

The Y case work team can also provide support in High Schools located in City of Armadale, City of Belmont, Shire of Serpentine Jarrahdale and the City of Vincent.

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Case Management Referral Form

Referrer details

Referrer name				
Relationship to young person				
Referrer contact details	Phone		Email	
Name of agency/organisation (if applicable)				
Address				
Date of referral				
How long have you known the young person				

Young persons details

Name			Preferred Name	
Date of birth		Age	Cultural identity	
Gender identity			Pronouns	
Address				
Email			Mobile	
Young persons preferred method of contact from case worker?				
Are there any safety concerns when contacting young person by phone/text/email?			YES ☐	NO ☐
If yes please list:				
Who does young person currently live with?				
Young person education/employment status?				
Is there any other organsations/agencies currently involved with young person?			YES ☐	NO ☐
If yes please list:				

Parent/guardian details

Name		Phone	
Address			
Is young persons parent/guardian aware of referral?		YES ☐	NO ☐
Is young persons parent/guardian aware of the reasons for referral?		YES ☐	NO ☐

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Emergency contact details (if different from above please note contact must be over 18)

Name		**Phone**	
Address			
Is young persons emergency contact aware of referral?		**YES** ☐	**NO** ☐
Is young persons emergency contact aware of the reasons for referral?		**YES** ☐	**NO** ☐

Young persons preferred location of case management sessions

YMCA HQ Leederville	**YES** ☐	**NO** ☐
YMCA Base @ Belmont Youth Centre	**YES** ☐	**NO** ☐
The Hub Armadale	**YES** ☐	**NO** ☐
School based (If YES please note that parental/guardian consent is required for this option):	**YES** ☐	**NO** ☐
Name of school		

The below information is required when a young person selects they would like to meet with a case worker in their school

Name of school		
Address		
Has approval been sought by referrer from young persons school (please note prior approval is required for referral to proceed)	**YES** ☐	**NO** ☐
Please provide contact details below of school staff member who has authorised Y WA case workers to meet with young person in their school		
Name		
Job title		
Contact number		
Email		

YSF002

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What does the young person hope to achieve from case work support?

What does referrer hope occurs for the young person by receiving case work support?

Please provide a summary of the young person's situation, family and relevant background information

Risk to self or others? (include self-harm / suicide ideation, substance abuse, aggression)

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Case Management Referral Form

Protective factors

What is going well for young person currently?	
Is young person currently engaged in any recreational activities or has been in the past?	
What do you believe are the young person strengths, skills, likes and dislikes?	
Any further information that young person/referrer would like for case manager to know?	

Consents required

Consent by young persons for referral for Y case management support		
Young persons name	**Young person signature**	**Date**

Consent by parent/guardian for referral for Y case management support if school based		
Parent / guardian name	**Parent / guardian signature**	**Date**

In cases where written consent from a parent / guardian was unobtainable verbal consent from parent / guardian shall suffice.

☐ **Verbal Consent (referrer use ONLY)**

I have discussed the referral with young persons parent or guardian and they have consented to the referral being submitted.

Consent obtained or witnessed by:		
Parent / guardian name	**Parent / guardian signature**	**Date**

How would young person like for the referral to proceed

Please have case worker contact young person directly first	**YES** ☐	**NO** ☐
Please have case worker contact referrer directly first	**YES** ☐	**NO** ☐
Please have case worker contact parent/guardian directly first	**YES** ☐	**NO** ☐

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