



ALBANY HALFWAY HOUSE ASSOCIATION INC.

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ALBANY OUTREACH SUPPORT / CSRU REFERRAL

MENTAL HEALTH HOUSING REFERRAL

Referring GP/Mental Health Professional		Contact Number
Current MH Case Manager and Service (if applicable)		
Date of Referral		
Applicant's Name		DOB
Current Address		
Current Contact Number		
Family member/Significant other		
Service Requested (please circle)	AOS	CSRU
	MHH	

Include other essential documentation

ELIGIBILITY CRITERIA FOR CSRU	
18 years of age and older	
Has a diagnosed severe mental health disorder	
Experiencing moderate level of psychiatric disability	
Agreeable to and would benefit from being involved in a community supported accommodation program with a recovery focus.	
Has given consent for referral to AHHA's programs. (Client's guardian may need to provide consent where appropriate.)	

COMPLETED REFERRAL FORMS ARE TO BE SENT OR FAXED TO THE ABOVE ADDRESS

I hereby give my consent for information to be released to and discussed with Great Southern Mental Health Services and AHHA

Client's Signature: _____ **Date:** _____

Witness Name: _____

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REFERRAL FORM STRICTLY CONFIDENTIAL

APPLICANT'S DETAILS:

SURNAME:	GIVEN NAMES:
Dob:	Gender:
Address:	
Phone Number:	
Nationality/Ethnicity/Cultural Background	
Marital Status:	Dependant's:
Primary Language:	Religion (If Applicable)
Medicare Number: (If Applicable)	Tax File Number:
Healthcare Number: (If Applicable)	
Finances Managed By:	Public Trust No: (If Applicable)

SIGNIFICANT OTHER/NEXT OF KIN DETAILS:

Name:	Relationship to Client:
Address:	Phone:
Level of Desired Contact:	

REFERRAL DETAILS:

Name of Referral Agent:	
Key Worker:	Doctor/Psychiatrist:
Client's Diagnosis:	First Diagnosed
Medication Details:	
Allergies:	
Diabetes:	
Medical Alerts/ Infections:	
Behavioural Alerts (Fire lighting/Verbal/Aggression)	
Alcohol/Drug/Cigarette use:	
Inappropriate behaviour:	
Relapse Signs:	

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Risk Assessment
Strictly Confidential

General Risk Factors							
Background Factors	Y	N	UK	Current Factors	Y	N	UK
Major Psychiatric Illness				Disorientation or disorganisation			
Diagnosed Personality Disorder				Disinhibition, intrusive/impulsive behaviour			
Significant Drug/Alcohol abuse history				Current intoxication/withdrawal			
Serious medical Condition				Significant physical pain			
Intellectual disability/cognitive deficits							
Significant behavioural disorder							
Other (please specify)				Other (please specify)			

Comments

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Suicide							
Background Factors	Y	N	UK	Current Factors	Y	N	UK
Previous suicide attempts				Recent significant life events			
History of other self harm				Hopelessness/despair			
Family history of suicide				Expressing high levels of distress			
Separated/widowed/divorced				Self-harming behaviour			
Isolation/lack of role				Current plan/intent			
Other (please specify)				Other (please specify)			

Comments

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Violence/Aggression							
Background Factors	Y	N	UK	Current Factors	Y	N	UK
Previous incidents of violence				Recurrent/current violence			
Previous use of weapons				Command hallucinations			
Previous violent/dangerous ideation				Paranoid ideation about others			
History of predatory behaviour				Expressing intent to harm others			
Criminal history (please specify nature of charges, time spent in prison & risk issues to others)				Anger, frustration or Agitation			
Other (please specify)				Reduced ability to control behaviour			
				Access to available means			
				Contact with vulnerable person/s			
				Other (please specify)			

Comments

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Other Vulnerabilities							
Background Factors	Y	N	UK	Current Factors	Y	N	UK
History of absconding				Desire/intern to leave accommodation			
History of sexual vulnerability				Vulnerability to sexual exploitation/abuse			
History of financial vulnerability (e.g. gambling)				Current delusional beliefs			
History of falls				Physical illness			
History of self harm				Parent/carer status or access to children			
Other (please specify)				Self neglect, poor self care			
				Non-adherence to medications/treatment			
				Other (please specify)			

Comments

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Overview/Impression	Y	N
Is this person's level of risk changeable?		
Are there factors that contribute to uncertainty regarding level of risk?		

Protective Factors (e.g. insightful, engaged with services)

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Overall Risk Assessment	H	M	L
Suicide			
Self /harm			
Violence/Aggression			
Vulnerability			
Absconding			
Other (please specify)			

Comments

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Specific risk issues that need to be addressed in management/care plan.

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REFERRAL FORM
STRICTLY CONFIDENTIAL

REFERRAL FOR CSRU

ALBANY OUTREACH

ACCOMODATION DETAILS

GOALS FOR CONTACT WITH AHHA

(See also attached Admission Plan/Consent Form)

Goals/willingness to accept support:
Insight into illness:
Practical life skills:
Social contact:
Personal Care:
Budget Management:
Transport:
Hours of support requested:

ALBANY HALFWAY HOUSE ASSOCIATION

CONSENT FORM

I,,
Hereby authorise staff of the Albany Halfway House Association Inc. to release, obtain and exchange information on my behalf to and from other departments, agencies and parties on relation to my referral for CSRU accommodation and Albany Outreach Support Services.

SIGNED:

WITNESS:

SIGNATURE: NAME:

OCCUPATION: DATE: