

Independent Living Centre WA (North Metropolitan)

Unit 13 386 Wanneroo Road, Perth WA 6061

Phone: (1800 052 222) Fax: (08) 9381 0688

Website: www.ilc.com.au Email: Young.Carers@ilc.com.au

Facebook: Young Carers Program Independent Living Centre

YOUNG CARERS PROGRAM REFERRAL FORM

Referral To: Linda Baird, Young Carer Program	
Referring Agency	Date:
Referral made by:	Phone:
Name of the best contact for this young carer:	
Parent has given permission for referral and to pass this info to other service providers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
School Attended :	Year/Grade Level:
Education at risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comment why?

YOUNG CARER'S DETAILS	CARE RECIPIENT'S DETAILS
Name:	Name:
D.O.B.	DOB:
Address:	Address:
Telephone: (h) _____ (m) _____	Telephone: (h) _____ (m) _____
Email:	Email:
Postal (if diff):	Diagnosis:
Relationship to Care Recipient:	Other illness or health issues:
Country of Birth: Interpreter required: Y N	Country of birth: Interpreter required : Y N
Indigenous status: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> None <input type="checkbox"/> Not stated	Indigenous status: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> None <input type="checkbox"/> Not stated
Formal Services used by Young Carer:	Formal Services used by Care Recipient:
Reason for Referral:	
<input type="checkbox"/> Frequently missing school <input type="checkbox"/> No time to complete homework <input type="checkbox"/> Feeling distracted when they are at school due to caring role <input type="checkbox"/> Limited connectedness with their school community <input type="checkbox"/> Considering leaving school prematurely due to their caring role	
Additional information to support referral:	
Follow up with referring agency has occurred <input type="checkbox"/>	