

Referral to Stepping Stone Youth Mobile Service

Please Note: Referrals will only be accepted through the CAF Specialist Mental Health Pathway.

PLEASE READ THE CASE MANAGER GUIDANCE FORM BEFORE SUBMITTING THIS REFERRAL

Please email this form to the Youth Mobile Team Lead once the young person has been accepted onto the Youth Mobile Waitlist at Unaunahi:

Rebeccas@stepstone.org.nz

RANGATAHI DETAILS	
Name:	Language:
Pronouns:	Iwi:
Gender:	NHI Number:
Date of Birth:	Address:
Ethnicities:	Phone Number:
REFERRER'S DETAILS	
Name:	Agency:
Pronouns:	
Phone number:	Email:
<i>If this referral is being made by someone other than the Case Manager, please provide Case Managers' name and contact details</i>	
Case Manager's Name:	
Case Manager's Pronouns:	
Case Manager's Phone:	
Case Manager's Email:	

RANGATAHI INFORMATION

Legal Status (Mental Health Act, CYFS Act, Bail Conditions):

Diagnosis:

Other Significant Symptoms and Experiences:

Drug and Alcohol use:

Current Medications:

Physical Health Conditions:

Allergies:

Disabilities:

REASON FOR REFERRAL

Background Information:

Please provide a brief overview of the rangatahi's background including any significant events and experiences that may have impacted their wellbeing.

Current Situation:

Please provide a brief overview of the rangatahi's current context including whanau dynamics and daily activities.

Future Objectives:

How may the rangatahi benefit from Youth Mobile Support (as described above)

SUPPORTS AND INTERVENTIONS

What support is this rangatahi currently receiving?

What framework/modality is being used to support this rangatahi?

What supports and interventions have been used in the past?

Were these supports successful? Why?

STRENGTHS AND INSIGHTS

What are the rangatahi's strengths?

What insight does the rangatahi have regarding their mental health and/or disability?

What are the whānau's strengths?

What insight does the whānau have regarding the rangatahi's mental health and/or disability?

What would the young person say wellbeing looked like for them?

How motivated is the rangatahi to engage with support services?

How motivated is the whānau to engage with support services?

SAFETY

Are there any perceived challenges or safety concerns for rangatahi or staff during home visits?

Does the rangatahi have an up-to-date wellbeing plan?

Referrer's Signature:

Date:

Thank you, we will be in touch with you as soon as possible after receiving this referral.