Psychosocial supports are non-clinical and community-based supports that aim to support recovery in the community. This includes working with you, your family and carers to build capacity and stability including: socialising, financial management, accommodation support, job/ study goals, maintain health and wellbeing, managing substance issues. We are here to support you to increase confidence and be able to live as independently as possible. Please email referrals to [**psychosocialsupports@marathonhealth.com.au**](mailto:psychosocialsupports@marathonhealth.com.au)

### Please complete all the details below

### Section A – Eligibility

|  |
| --- |
| Eligibility Criteria of person being referred: |

Is aged 16 or above

Not registered/receiving NDIS.

Not currently receiving similar Psychosocial supports

Not restricted in their ability to fully and actively participate in program (e.g. not currently in prison or hospital)

### Section B – Consumer Information

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Personal details | | | |
| First name: | | Surname: | |
| Preferred name: | | DOB: | |
| Gender: | | Pronoun(s): | |
| 1. Contact details | | | |
| Phone 1:  Can we leave a voice mail? | | Phone 2:  Yes  No | |
| Email: | |
| Address: | | Suburb: Postcode: | |
| 1. Consent for Referral | | | |
| Has the person being referred given permission to have the referral made on their behalf?  Applicants Name: | | Yes  No  Date: | |
| Applicants Signature: | | | |
| 1. Living arrangements | | | |
| Private rental  Social housing  Owns your own home  Temporary housing  Other (please specify): | | | |
| 1. Indigenous status | | | |
| Aboriginal Torres Strait Islander  Both Aboriginal & ☐ Neither Aboriginal or  Prefer not to say  Torres Strait Islander Torres Strait Islander | | |
| 1. Cultural background | | | |
| Cultural and Linguistic (CALD) background? | Yes  No | Interpreter required?  Yes  No |  |
| If ‘yes’, what is the preferred language? | | | |

|  |
| --- |
| 1. Dependants |
| Does the person have any dependants living with them?  Yes  No  If “yes” please give details. |
| 1. Income |
| Employed  Centrelink Name of Benefit being received (if known):  Other (please specify):  **CRN: Medicare Number:** |

### Section C – Other Supports

|  |  |
| --- | --- |
| 1. Carer information | |
| Do you have a carer?  Yes  No (if ‘no’ proceed to point 2) | Does the carer live with the person  Yes  No  Does the participant consent to exchange of information for referral purposes with carer  Yes  No |
| Carer name: | Carer phone: |
| Relationship to person: | |
| 1. Next of kin/ Emergency Contact | |
| Name: | Phone: |
| Relationship to person: | |

|  |
| --- |
| 1. National Disability Insurance Scheme (NDIS) |

Select the box that best applies to the person being referred: ***Please note that we can’t accept referrals if the client is registered with the NDIS.***

Has the person being referred applied for NDIS in the past?  Yes  No

If “yes”, what was the outcome:

|  |
| --- |
| 1. Current Supports |

**Is the person being referred currently receiving support from one or more of the following? *(Please provide name of organisations or practitioners if known)***

|  |  |  |  |
| --- | --- | --- | --- |
| Psychologist |  | Psychiatrist |  |
| GP |  | Counsellor |  |
| Community Mental Health |  | Other: |  |

|  |
| --- |
| Section D – Mental Health |
| 1. Diagnosis |
| This person lives with a severe and persistent mental illness with associated psychological impact:  Yes  No  Primary mental health diagnosis and year of diagnosis:  Secondary mental health diagnosis and year of diagnosis:  **Mental Health Treatment Plan:**  Yes  No  **Medication for mental health:**  Yes  No  If yes, please specify:  Please attach relevant documentation ie: Discharge Summary, Care Plan, Mental Health Treatment Plan |
| 1. Risk Factors |
| **1. Are there any Current Suicidal risk factors?**  Yes  No (if “no” proceed to point 2)  Suicidal ideations  Suicide attempts  Self-Harm  If “yes” please provide additional information:  **Do you have a safety plan?**  Yes  No  If “yes” please attach documentation:  **2. Any hospitalisations for mental health in the last 3 years?**  Yes  No  If yes, please give details of hospitalisations including where, when and for how long:  **3. Any current or past aggressive or violent behaviour?**  Yes  No  If yes, please provide details:  **4. Any current legal matters?**  Yes  No  If yes, please provide details:  **5. Is there any current or past substance misuse?**  Yes  No  If yes, please provide details: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section E – Referrer Details  |  |  | | --- | --- | | 1. Referrer information | | | Name: | Organisation: | | Relationship to person being referred: | | | Type of support provided: | | | Phone: | Fax: | | Email: | |   Section F – Reason for Referral |
| 1. Reason for Referral |
| Please describe the reason for referral: |
| 1. Support Needed |

**Are the applicant’s needs being met for the following:**

Social:  Yes Physical Health:  Yes

Accommodation:  Yes Financial:  Yes

Home maintenance:  Yes Personal Care:  Yes

Safety:  Yes Transport:  Yes

Cultural & Spiritual:  Yes Other (please specify):

Section G – Health Information

1. Co-existing Health Factors

|  |  |  |  |
| --- | --- | --- | --- |
| Health issues | Sensory/speech disability | Dementia | Significant physical disability |
| Intellectual/cognitive disability | Acquired brain injury | Other (specify) | |

### Section H - Additional Information:

**Please add any other information you may consider relevant:**

Please email referrals to [**psychosocialsupports@marathonhealth.com.au**](mailto:psychosocialsupports@marathonhealth.com.au)

### Eligibility process

Once a referral is received, an Assessment Officer will gather all relevant documentation and make an appointment with the participant to assess eligibility for the program. Once completed, the referral will be presented to an intake panel – both the referrer and referred applicant will be informed of outcome. For more information call us on 1300 402 585.