

# Commonwealth Psychosocial Support

## Referral form

The Commonwealth Psychosocial Support Program provides free psychosocial support for people living in regional, rural, and remote NSW. The Western NSW Primary Health Network funds this program.

Psychosocial supports are non-clinical, community-based services designed to assist individuals in their recovery journey within the community. These supports focus on building personal capacity and stability in areas such as social engagement, financial management, housing support, goal setting for employment or education, managing substance use and maintaining overall health and wellbeing. Our aim is to help individuals build confidence and live as independently as possible.

**The Commonwealth Psychosocial Support Program is not a crisis service.** If you or the person you are referring is presenting with acute mental health support needs, please immediately contact emergency services on triple zero (000), or attend your nearest emergency department.

To refer yourself or a client, please complete the below referral form and email all referrals to:  
[psychosocialsupports@marathonhealth.com.au](mailto:psychosocialsupports@marathonhealth.com.au)

For individuals requiring more information who would prefer to complete a referral over the phone, **please call the CPS Intake Team on 02 6941 9043.**

**Please complete all the details below**

### Eligibility criteria for referred applicant

- ☐ Aged 16 years or above
- ☐ Not currently receiving similar psychosocial supports
- ☐ Not restricted in their ability to fully and actively participate in the program (e.g. not currently incarcerated or in hospital)

### Referrer information

Are you referring yourself or someone else? ☐ Myself ☐ Someone else

Your name: Organisation:

Relationship to person being referred:

Type of support provided: Length of time providing support:

Referrer phone:

Referrer email address:

### Consent for referral:

If you are formally referring a person, have they given permission to have the referral made on their behalf to the Commonwealth Psychosocial Support Program?

- ☐ Yes ☐ No – Unable to proceed

Is short-term psychosocial support required? ☐ Yes ☐ No

**Reason for referral – please describe the reason for referral or support required**

## Referred applicant details

### Personal details

First name: Surname:

Preferred name: DOB:

Gender: Pronoun(s):

### Contact details

Phone number: Can CPS leave voicemail, email and SMS?  
☐ Yes ☐ No

Email:

Address: Suburb: Postcode:

### Living arrangements

☐ Permanent housing ☐ Temporary accommodation ☐ Other (please specify):

☐ Living alone ☐ Living with others (please specify):

### Indigenous status

☐ Aboriginal ☐ Both Aboriginal and Torres Strait Islander

☐ Torres Strait Islander ☐ Neither Aboriginal nor Torres Strait Islander

### Cultural background

Country of Birth: Main language spoken at home:

Cultural and Linguistic (CALD) background? Language Interpreter required? Preferred language?  
☐ Yes ☐ No ☐ Yes ☐ No

### Communication needs

Specific Communication needs (e.g. due to hearing impairment, visual impairment or other)  
☐ Yes ☐ No

*If yes, please specify:*

### Employment

☐ Full time ☐ Part time ☐ Other (please provide details):

### Centrelink Payment and National Disability Insurance Scheme (NDIS)

Currently receiving Centrelink Payment? Name of benefit being received (if known):  
☐ Yes ☐ No

CRN (if known):

Medicare number (if known):

Health care card? ☐ Yes ☐ No

Currently receiving NDIS? ☐ Yes ☐ No

Applied for NDIS in the past? ☐ Yes ☐ No

If yes, what was the outcome?

### Carer information

Do you have a carer? ☐ Yes ☐ No – Proceed to next section

Consent to exchange of information with carer? ☐ Yes ☐ No

Carer name: Carer phone number:

Relationship to individual:

### Next of Kin (NOK)/Emergency contact

Name: Phone:

Relationship to person:

### Current Supports

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

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Psychiatrist            |
| <input type="checkbox"/> GP           | <input type="checkbox"/> Community Mental Health |
| <input type="checkbox"/> Counsellor   | <input type="checkbox"/> Other                   |

### Mental Health diagnosis

Primary mental health diagnosis:

Secondary mental health diagnosis:

### Co-existing health factors

- ☐ Health issues ☐ Sensory/Speech disability ☐ Intellectual disability
- ☐ Other (please specify):

Additional relevant information:

### Safety

- Are there any current or previous suicidal or self-harm risk factors?** ☐ Yes ☐ No
- Have you, or the person you are supporting had any thoughts of hurting themselves? ☐ Yes ☐ No
- Have you, or the person you are supporting had any thoughts of suicide? ☐ Yes ☐ No
- Have you, or the person you are supporting had any thoughts of harming others? ☐ Yes ☐ No

*If yes to any of the above, please provide additional information:*

**Is there a current safety plan?**

*If yes, please attach documentation.*

☐ Yes

☐ No

**Any hospitalisations for mental health in the last 6 months?**

*If yes, please give details of hospitalisations including where, when and for how long?*

☐ Yes

☐ No

**Is there any current or previous aggressive or violent behaviour?**

*If yes, please provide details:*

☐ Yes

☐ No

**Are there any outstanding legal matters?**

*If yes, please provide details:*

☐ Yes

☐ No

**Are there any current or previous substance misuse concerns?**

*If yes, please provide details:*

☐ Yes

☐ No

**You, the referred applicant, confirm that you understand and consent to the following:**

- The information provided in this referral is required to determine eligibility for services with the Commonwealth Psychosocial Support Program.
- That Marathon Health is committed to protecting your information, and any information we collect is used to facilitate the services we provide to you.
- That your de-identified information will be used for statistical purposes for the Commonwealth Psychosocial Support Program and the Department of Health.
- That both the referrer and referred applicant will be informed of the outcome of the referral.
- That in providing high-quality services, we collect personal health information and maintain a client record.
- That Marathon Health follows the Australian Privacy Principles (APPs) contained in the Privacy Act 1988 when handling, using, and managing personal information. The APPs also outline your rights relating to access or correcting your personal information.
- That marathon health will not sell, transfer, assign or rent your information to any third party without your permission, unless required by law.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## Eligibility process

Once a referral is received, an Intake and Assessment officer will gather any relevant documentation and /or further information where appropriate prior to contacting the client to discuss the next steps and ensure eligibility criteria is met.

For more information or if you have any questions, please call **02 6941 9043**.

**Marathon Health** is a not-for-profit registered charity delivery high quality health and wellbeing services to people wherever they choose to live. This service is supported by funding from the Western NSW PHN through the Australian Government PHN Program.