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| **BRIDGE TO BELONGING REFERRAL FORM** | | | | | | | | | | | | |
| Bridge to Belonging (BTB) Program is funded by Department of Home Affairs under the “Refugee and Humanitarian Assistance program” to assist humanitarian entrants, other vulnerable migrants, (Individual and families) and their communities, to achieve settlement goals and integrate successfully.  Communicare, in partnership with Centrecare, deliver the BTB Program in the South-East and South-West metropolitan regions of Perth and Mandurah. | | | | | | | | | | | | |
| **Eligibility Criteria** (If one of the below criteria is meet, please complete the below referral form) | | | | | | | | | | | | |
| Humanitarian Entrant (Visa Subclass 200, 201, 202, 203, 204 or 866) | | | | | | | | | | | | |
| Family stream migrants with low English language proficiency | | | | | | | | | | | | |
| Selected working/skilled visa holders in regional areas with low English proficiency (dependants only) | | | | | | | | | | | | |
| ☐ Family and partner (Visa Subclass) | | | | | | | | | | | | |
| **PRIMARY CLIENT DETAILS** | | | | | | | | | | | | |
| First Name: | | Surname: | | | | | | Preferred Name: | | | | |
| Address: | | | | | | | | Postcode: | | | | |
| Email address: | | | | | Male | | | Female | | | Other | |
| Date of Birth: | | Contact Number: | | | | | | Alternative Number: | | | | |
| Country of Birth: | | Visa Subclass: | | | | | | Date of Arrival: | | | | |
| Cultural Background: | | Interpreter? | | Yes | | No | | Language Spoken: | | | | |
| **FAMILY MEMBERS** | | | | | | | | | | | | |
| **NAME** | **RELATIONSHIP** | | **GENDER** | | | | **DATE OF BIRTH** | | | **CONTACT NUMBER** | | |
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| **REFERRER DETAILS** | | | | | | | | | | | | |
| Date of Referral: | | | | | Name: | | | | | | | |
| Organisation: | | | | | Position: | | | | | | | |
| Telephone: | | | | | Email: | | | | | | | |
| **CLIENT CONSENT** | | | | | | | | | | | | |
| I confirm that I have received consent from my client to make this referral | | | | | | | | | Yes | | | No |

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| **REASON FOR REFERRAL**  Please provide a brief overview of the client’s situation and what assistance they may require. | | | | | | |
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| Level of Support: | Low | Medium | IF YOUR CLIENT REQUIRES COMPLEX SUPPORT, PLEASE REFER TO DEPARTMENT OF HOME AFFAIRS’ SPECIALISED AND INTENSIVE SERVICES | | | |
| **ADDITIONAL INFORMATION** | | | | | | |
| Does the client have physical health concerns or a disability? | | | | Yes | No | Unsure |
| Please include details: | | | | | | |
| Does the client have mental health or wellbeing issues? | | | | Yes | No | Unsure |
| Please include details: | | | | | | |
| Are there any legal concerns for the client/family unit? Are there safety concerns for the family? e.g. domestic violence | | | | Yes | No | Unsure |
| Please include details: | | | | | | |
| Does the client have the capacity to travel independently? e.g. Driver’s licence or public transport | | | | Yes | No | Unsure |
| Please include details: | | | | | | |
| Is the client/are the family members engaged in employment, education or training? Please advise of all family members. | | | | Yes | No | Unsure |
| Please include details: | | | | | | |
| Is the client living in stable housing? Do they require additional tenancy training? If client is on a lease, please advise of end date. | | | | Yes | No | Unsure |
| Please include details: | | | | | | |
| Does the client have additional settlement issues that need addressing? | | | | Yes | No | Unsure |
| Please include details: | | | | | | |

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| Thank you for taking the time to complete this referral.  Please send through to [bridgetobelonging@communicare.org.au](mailto:bridgetobelonging@communicare.org.au) |