



Referrer Contact Details:

## Applicant Details

Name:

Address:

Phone:

Date of Birth:

Aboriginal or Torres Strait Islander?

Aboriginal

Torres Strait Islander

Both

Neither

Income Status:

Current Housing Tasmania Application with Housing Connect?

Yes

No

If Yes Date Lodged

Housing Application in the name/s of

Does the young person have a disability that would affect access to services or properties?

Yes

NDIS Package

No

Reasons for seeking support:



## Additional support services currently being accessed

Service	Details
Health Service	
Medical Practitioner	
Mental Health Professional	
Child Safety Services	
School Teacher/Social Worker	
Anglicare	
Catholic Care	
Youth Futures	
Karinya	
Youth Justice Worker	
Drug & Alcohol Service	
Other (please describe)	



Is the young person currently engaging in education or employment? If yes, please provide details.

Details

Accommodation details over the last 6 months or 12 months

Details

Case Plan Attached

Client Signature

Date

Please email completed referral to [kyttprogram@kyws.org.au](mailto:kyttprogram@kyws.org.au)