****

**REFERRAL TO STEPPING STONE YOUTH SERVICES**

This form can be used to refer a young person to any of Stepping Stone Youth Services. Please select any of the options you are interested in referring to:

|  |
| --- |
| **Residential**  **Mobile** |
| **Respite**  **Community Support Work** |

If you wish to discuss which services might be appropriate for the young person you are referring, please phone Malcolm (03-338-6390 ext 735).

For respite referrals, please make contact directly with the Respite/Residential service to discuss a booking (03 332 6417/337 4997 or 027 489 5374).

**CLIENT DETAILS**

|  |  |
| --- | --- |
| Name:   Address:  NHI: | Date of birth:  Contact Phone Numbers:  Gender: Ethnicity: |

**NEXT OF KIN DETAILS:**

|  |
| --- |
| Next of Kin’s Name & Relationship to Client:  Next of Kin’s Address:  Next of Kin’s Contact Phone Numbers: |

**REFERRER’S DETAILS:**

|  |
| --- |
| Name: Agency:  Contact Details:  If this referral is being made by someone other than the Case Manager for this client, please indicate who their Case Manager is:  Is the Case Manager aware this referral is being made? |

**CLIENT INFORMATION:**

|  |
| --- |
| Legal Status: (eg. Mental Health Act, CYFS Act, Bail Conditions etc.)   Client’s Diagnosis:   Other Symptoms:  Psychiatrist: Agency:  Current Medications:  Physical Health Issues & Allergies:  Objectives of Referral to Stepping Stone Services:  Likely Signs of Deterioration in Mental Health:  Safety Concerns: (e.g. criminal history, aggression, illegal behaviour, property damage risk etc)  Alcohol and Drug Usage/History:  Client’s Current Daily Activities:  Are there any gender issues with staff that we should be aware of?  What other organisations is the young person involved with?  Client Strengths:  What insights does this young person have about their mental health? |

**RESPITE ONLY:**

|  |
| --- |
| Do you have dates in mind for Respite for this client?  Can this young person come and go from the house?  Are there any conditions on this young person coming and going from the house?  If there is an incident that requires the young person to be discharged from Respite, what is the plan for where they will go?  If this client goes AWOL, what should our first point of contact be? |

**MOBILE** **and COMMUNITY SUPPORT WORK ONLY:**

|  |
| --- |
| Are there any issues around staff going to this client’s home address?  Are there any specific dangers for the client at their current address? |

Referrer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form can be submitted via:

* Email (best option): [youthreferrals@stepstone.org.nz](mailto:youthreferrals@stepstone.org.nz)
* Post: PO BOX 33-103, Barrington, Christchurch
* Fax: (03) 338-6398
* For Respite referrals, please send to Youth Respite/ Residential service and SPOE Co-ordinator. Respite Email: [yresidential@stepstone.org.nz](mailto:yresidential@stepstone.org.nz) Respite Fax: 338 7262.



**CRITERIA FOR ACCESS TO YOUTH SERVICES**

|  |  |  |
| --- | --- | --- |
| **SERVICE** | **CRITERIA FOR ACCESS** | **ADDITIONAL NOTES** |
| Youth Residential | * Is aged between 14-18 * Is currently and will remain under SMHS (Specialist Mental Health Services) * Clients 18 and over can be offered a place within Youth Residential if:  1. The referral has been received through the ROG (Residential Options Group) pathway, and 2. If there are no younger people under 18 on the waiting list for the service | * A client’s access to Youth Residential ends at the time of discharge from SMHS services |
| Youth Respite | * Is aged between 14-18 * Is currently under SMHS * Has a ‘Plan B’ for accommodation, if discharge is required | * Clients over 17 are able to access Adult Respite * Medication Prescribed Chart and Scripts are mandatory * Respite slots are Mon/Tue, Wed/Thu, and Fri/Sat/Sun |
| Youth Mobile | * Is aged between 14-24 * Is currently and will remain under SMHS * Requires support at a high level – with the frequency of visits a maximum of daily, and a minimum of twice weekly |  |
| Youth CMHW | * Is aged between 14-24 * Has been under SMHS in the last 12 months | * A client can access the Youth CMHW service for up to 12 months following their discharge from SMHS * As SST (Stepping Stone Trust) has a contract for 1.5FTE Rural CSW, referrals for rural clients need to be at the top of the waiting list and picked up as soon as the next worker is available |