



Referral Form

Care Connect is an aftercare program for anyone in the Hunter Manning region 16 or older who has attempted suicide and needs support accessing and engaging with the services available to help them. Care Connect is a free program designed to support participants following a suicide attempt, to build their capacity to self-manage, and to ensure long-term plans are in place by connecting with other services and community supports.

Referring Organisation Details

Organisation:

Contact Person:

Date:

Phone:

Participant Details

First Name:

Last Name:

Preferred Name:

Date of Birth:

Phone:

Email:

Address:

Preferred Method of Contact:

Phone

Text

Email

Mail

All further questions are optional, your responses won't impact on your access to the program or supports.

Gender:

Female

Male

Other

Do you identify as LGBTIQSB?

Yes

No

Indigenous Status:

Aboriginal

Torres Strait Islander

Neither

Country of Birth:

Australia

Other (please specify)

Main Language Spoken:

English

Other (please specify)

Do you identify as Culturally and Linguistically Diverse?

Yes

No

Do you identify as a person with a disability?

Yes

No

If yes, please specify:

Hearing

Intellectual / Learning

Mental Illness

Physical

Speech

Vision

Other

Hospital Presentation (If Applicable)

Did the participant present to hospital following a suicide attempt?

Yes

No

Unknown

Is the participant currently an in-patient?

Yes

No

Unknown

Hospital / Facility:



We acknowledge the Traditional Custodians of the land where we live and work and their continuing connection to land, water, sea and community. We pay respects to Australia's First Peoples, to their unique and diverse cultures, and to Elders past, present and future.

Inclusion is about the actions we take every day. We welcome, support, and celebrate diversity.



Discharge Date:

Date Estimated

Date Unknown

Medical & Safety Details

Is there a Mental Health Care Plan in place?

Yes

No

Unknown

If yes, who with:

Current Medications:

Are there any factors that may influence worker or home visit safety?

What are the primary reasons you would like assistance from Care Connect?

Domestic Violence

Housing Conditions

Financial Stress

Alcohol or Drugs

Social Issues / Isolation

Physical Health

Relationship Issues

Legal Issues

Vulnerability

Trauma

Recent Loss

Other (please specify)

Is there anything else we should know?

Has the participant given verbal consent that they would like to engage with Social Futures and are willing to be contacted?

Yes

No

Date Consented:

Once you have completed as much of this form as you are able, please return to:

cchuntermanning@socialfutures.org.au

1800 957 077

socialfutures.org.au/care-connect