



YOUTH EMPOWERED TOWARDS INDEPENDENCE

CLIENT REFERRAL FORM

Services Available to Young People 12-25

- * *Counselling*
- * *Support*
- * *Information*
- * *Referral*
- * *Advocacy*
- * *Outreach*
- * *Group work*
- * *Practical Assistance*
- * *Peer Support*

PROGRAMS

- * *Drop-in*
- * *Women's Group*
- * *'Get Out' Program*
- * *Hip Hop Music Program*
- * *Anger Management*
- * *Design-a-path Program*
- * *Recreation Activities*
- * *Calm Program*

Referred from: (Organisation Name)	
Surname:	Given Name:
Address:	
Phone Numbers:	
Date of Birth:	
Aboriginal or Torres Strait Islander?	Y N
Is the person being referred known to be a Child Safety Client?	Y N
Reason for referral and relevant history:	
Referred By:	Referrer Contact Details :
Signature:	Date:
Client Signature:	Date:

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