



YOUTH PSYCHOSOCIAL SUPPORT PACKAGES (YPSP) Nomination form

| YOUNG PERSON'S DETAILS | | | |
|--|--|--------------------|--------|
| First name: | | Surname: | |
| Mobile: | Email: | | |
| Date of birth (dd/mm/yyyy): | Preferred contact method: Phone Email Text | | |
| Current address: | | | |
| Cultural identity: | | | |
| Gender: Male Female Gender diverse | Preferred pronouns: | | |
| If gender diverse, please provide more detail: | | | |
| Is a Legal Guardian involved? Yes No | Name: | | Phone: |
| Is a Public Trustee involved? Yes No | Name: | | Phone: |
| National Disability Insurance Scheme (NDIS) participant? Yes No Currently applying to the NDIS | | | |
| If NDIS participant, please confirm primary diagnosis: | | | |
| What conditions, learning difficulties or allergies do you have? | | | |
| REFERRER'S DETAILS (if not young person): | | | |
| First name: | | Surname: | |
| Relationship with young person: | | | |
| Position: | Organisation: | | |
| Phone: | Mobile: | Date (dd/mm/yyyy): | |
| Has the young person agreed to this referral? Yes No | | | |
| How long (months / years) have you known the young person? | | | |



| YOUNG PERSON'S DETAILS | |
|--|---|
| <p>Do you have any current supports in place?</p> <p>Yes (please indicate) <input type="checkbox"/></p> <p>No</p> <p>Current supports in place (continued)</p> | <p>Mental Health Commission</p> <p>Department of Communities; Housing</p> <p>Department of Communities; Child Protection & Family Support</p> <p>Alcohol and other drug services</p> <p>Justice</p> <p>Community Mental Health Team</p> <p>Youth services</p> <p>National Disability Insurance Scheme (NDIS)</p> <p>Other:</p> <p>Please provide support contact details, if known:</p> |
| <p>Do you have any current informal supports?</p> <p>Yes (please indicate) <input type="checkbox"/></p> <p>No</p> | <p>Family</p> <p>Friends</p> <p>Community</p> |
| <p>Have you been or in the process of being referred to any other services?</p> <p>Yes (please indicate) <input type="checkbox"/></p> <p>No</p> | <p>If yes please provide details:</p> |
| <p>What type of supports are you looking for as a part of this program?</p> | <p>If yes please provide details:</p> |



YOUNG PERSON'S PREFERENCES

Do you want someone to assist you at the meet and greet session?

- Yes – Peer worker (please indicate)
- Yes – Family / friend (please indicate)
- Yes – Aboriginal Liaison Officer (please indicate)
- Yes – other (please indicate)
- No

Name of support person, if known:

Do you want your parent or Guardian to also sign the consent and participant agreement forms?

- Yes – Peer worker (please indicate)
- Yes – Family / friend (please indicate)
- No

Name of support person, if known:

Please continue to the Wellbeing Assessment on next page.



Youth Wellbeing CAT Assessment form

| |
|--|
| To be completed by young person and/or support person with consent. |
| Date: |
| Name of person/s who completed this form |
| Young person: |
| Support person/peer worker: |

The CAT uses a 1 to 5 scale. The values of scale are:

- 1 = Can be a lot better
- 2 = Can be better
- 3 = OK (but can be better) 4 = Doing well
- 5 = Doing great

Please tick the applicable number and indicate if the domain is a priority for you. Refer to the table at end of form for things to consider when completing this form.

| DOMAIN | Tick if a priority | How I'm doing | | | | |
|---|--------------------|---------------|----------|----------|----------|----------|
| My housing | | 1 | 2 | 3 | 4 | 5 |
| <i>What is your current housing situation?</i> | | | | | | |
| My schooling or work & income | | 1 | 2 | 3 | 4 | 5 |
| <i>What is your current participation in school or work / income?</i> | | | | | | |
| My family relationships | | 1 | 2 | 3 | 4 | 5 |
| <i>What is the current situation with your family relationships?</i> | | | | | | |
| My social connections | | 1 | 2 | 3 | 4 | 5 |
| <i>What is the current level of your social connections with peers?</i> | | | | | | |



| DOMAIN | Tick if a priority | How I'm doing | | | | |
|---|--------------------|---------------|---|---|---|---|
| My physical health | | 1 | 2 | 3 | 4 | 5 |
| <i>What is your current health situation?</i> | | | | | | |
| My drug and alcohol use | | 1 | 2 | 3 | 4 | 5 |
| <i>What is the impact of your substance use on your current well-being?</i> | | | | | | |
| My mental health | | 1 | 2 | 3 | 4 | 5 |
| <i>What is your current mental health situation?</i> | | | | | | |
| My culture (if relevant) | Not applicable | 1 | 2 | 3 | 4 | 5 |
| <i>What is your current level of cultural connection?</i> | | | | | | |
| My parenting and children (if relevant) | Not applicable | 1 | 2 | 3 | 4 | 5 |
| <i>What is your current parenting situation?</i> | | | | | | |
| My disability (if relevant) | Not applicable | 1 | 2 | 3 | 4 | 5 |
| <i>What is your current disability situation?</i> | | | | | | |
| My involvement with the law (if relevant) | Not applicable | 1 | 2 | 3 | 4 | 5 |
| <i>What is your current involvement with the criminal justice system?</i> | | | | | | |
| My desire / motivation to make changes | | 1 | 2 | 3 | 4 | 5 |
| <i>How motivated are you to achieve change across relevant domains?</i> | | | | | | |
| My belief in my capacity to make changes | | 1 | 2 | 3 | 4 | 5 |
| <i>How confident are you of your ability to achieve change across relevant domains?</i> | | | | | | |



| DOMAINS | Things to consider when completing the questions |
|--|---|
| My housing | <p>What do you like about your house / where you live? Who lives in your home?</p> <p>What are they like?</p> <p>How do you feel about those people?</p> <p>Have there been times when you felt unsafe at home?</p> <p>Does anyone make you feel unsafe? What do they do?</p> <p>What do you do at home? What would you change?</p> |
| My schooling or work & income | <p>How do feel about going to school / training?</p> <p>Do you have friends at school / TAFE?</p> <p>When you are at school / training, what do you like doing? What do you like least?</p> <p>What are your teachers like? Can you understand what the teacher is saying?</p> <p>How do you get to school / TAFE / work?</p> <p>What do you do if you have problem? Who do you talk to?</p> <p>Are you getting an income from Centrelink?</p> <p>Who gives you money for lunch or to buy things?</p> <p>How do you get money for clothes and books?</p> <p>How do you pay rent / board?</p> <p>Do you know what budgeting means? Do you budget your money?</p> <p>Do you loan people money?</p> <p>Do you save money?</p> |
| My family relationships | <p>Do you live with parents / another family member / carers?</p> <p>Which relationships in your family are good ones?</p> <p>How do you feel about your family?</p> <p>How well do you get on with your mum / your dad / carer most of the time?</p> <p>What types of things cause disagreements?</p> <p>Do you feel you have someone in your family you can trust?</p> <p>Is there anyone in the family that you are worried about?</p> <p>Is there anyone in your family that makes you feel uncomfortable or unsafe?</p> <p>(If not at home) When did you last have contact with someone from your family? Who was that?</p> <p>Have Child Safety contacted you or your family? How have they been involved?</p> <p>How do you feel about the Child Safety workers?</p> |



| DOMAINS | Things to consider when completing the questions |
|------------------------------------|--|
| My social connections | <p>Do you have people you think of as friends? Where do you know them from?</p> <p>Do you have people that you can talk to about problems? Do you feel that they listen / help you / support you?</p> <p>Is there anyone you think is cool? Why?</p> <p>What ways do you use to make friends?</p> <p>Are you involved in any sport / groups / organised activities?</p> <p>When you get angry / upset with someone, what do you usually do?</p> <p>Are you currently in a relationship? Do you have a partner?</p> <p>Is there someone who is the most important / most special in your life?</p> <p>Is there anyone that makes you feel uncomfortable or unsafe?</p> <p>Is anyone bullying you? At school / work / on-line?</p> |
| My physical health | <p>Do you reckon you are a healthy person? Why? Are you worried about your health in any way?</p> <p>What do you typically eat each day?</p> <p>Do you feel you get enough sleep? Why?</p> |
| My mental health | <p>When you worry, where do you feel that? Do you sometimes feel butterflies in your stomach?</p> <p>Do you get headaches? Do you feel pains?</p> <p>Do you have someone to tell if you aren't feeling well?</p> <p>Do you know how to get to a doctor?</p> <p>Do you have a Medicare card?</p> <p>Do you have a particular doctor you generally go to?</p> <p>Have you ever seen a doctor / when did you last see a doctor?</p> |
| My use of drugs and alcohol | <p>Do you drink alcohol? How often?</p> <p>Do you smoke cigarettes? How many a day?</p> <p>Do you use illegal drugs? How often?</p> <p>When / where do you generally use substances?</p> <p>What worries do you have about your use of cigarettes / alcohol / substances?</p> |