**YOUTH PSYCHOSOCIAL   
SUPPORT PACKAGES (YPSP)**

**Nomination form**

|  |  |  |  |  |  |  |  |
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| **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? | | | | | | | |

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

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| **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  - Parent (please indicate)  Yes  - Guardian (please indicate)  No | Name of parent or Guardian: |
| *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** |
| *What is your current housing situation?* | | | | | | |
| **My schooling or work & income** |  | **1** | **2** | **3** | **4** | **5** |
| *What is your current participation in school or work / income?* | | | | | | |
| **My family relationships** |  | **1** | **2** | **3** | **4** | **5** |
| *What is the current situation with your family relationships?* | | | | | | |
| **My social connections** |  | **1** | **2** | **3** | **4** | **5** |
| *What is the current level of your social connections with peers?* | | | | | | |

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

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

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

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