

## Partners in Recovery Referral Form

Date: \_\_\_\_\_

Partners in Recovery (PIR) is a National program for people with severe and persistent mental illness with complex needs. This form is to be filled out for people living in the Perth Central and East Metro (PCEM) catchment area. PIR supports people to connect to and coordinate services which are in line with their Recovery goals.

Additional to this, Partners in Recovery is also funded to assist eligible people to access the National Disability Insurance Scheme (NDIS). Currently, NDIS for the PCEM catchment area is only available for Australian residents living in the City of Bayswater, Bassendean, Swan, Mundaring, Kalamunda, Chittering, Toodyay and Northam. This scheme provides individual funding to people in order to support their Recovery goals over the long term.

PIR encourages people to agree to test their eligibility for this scheme when ready. NDIS provides long term supports if required whereas PIR and other connected services are shorter term services. If you agree to this support then the PIR worker will also assist you to access this scheme.

### **Referring person details (if self referring then no need to fill in this section):**

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Email: \_\_\_\_\_

Name of referring service: \_\_\_\_\_

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency contact: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Aboriginal/Torres Strait Islander?  Yes  No CALD background?  Yes  No

Interpreter required?  Yes  No Main language spoken: \_\_\_\_\_

Are communication aids required?  Yes  No If yes, please provide details: \_\_\_\_\_

Name:GP \_\_\_\_\_ GP Phone No: \_\_\_\_\_

Name:Psychiatrist: \_\_\_\_\_ Psychiatrist Phone No: : \_\_\_\_\_

Name Case Manager \_\_\_\_\_ Case Manager Phone: \_\_\_\_\_

Are you aware of any other agencies supporting the person?  Yes  No If yes, please list with contacts:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Are there any Guardianship or Administration orders in place?  Yes  No If yes, please provide details:

Who is the most significant care giver  or emergency contact ? Please provide contact details:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please describe any identified Risk Factors \_\_\_\_\_

Risk for workers (history of violence, abuse, drugs etc)? \_\_\_\_\_

**Eligibility: (NB. all eligibility on this form must be met for an intake assessment to occur. Forms will be returned to the referrer if any information is missing)**

1. Serious and persistent mental illness?  Yes  No

If yes, provide diagnosis or details: \_\_\_\_\_

\_\_\_\_\_

2. Complex or multiple needs requiring services from multiple agencies?  Yes  No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

3. Requires substantial support to engage the various services to meet their needs?  Yes  No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

4. Gaps in, or problems with, the current care coordination or case management?  Yes  No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

Is the person willing to be referred to NDIS?  Yes  No  Don't know

Does the person request a male or female worker?  Female  Male  No preference

Would the referrer like to be at the intake assessment?  Yes  No

Would the carer/guardian like to be at the intake assessment?  Yes  No

Does the referrer want to be contacted prior to the assessment to discuss the referral?  Yes  No

Has the referred person consented to information being exchanged between PIR and the referrer as well as any other relevant services relevant to the assessment?  Yes  No

Signature of referrer \_\_\_\_\_ Date \_\_\_\_\_

Signature of referred person \_\_\_\_\_ Date \_\_\_\_\_

(if verbal then please state)