



ASPIRE REFERRAL FORM

Name:
Date Completed: .../...../....

Individual Contact Details:

Name:

Address:

Postcode: Phone Number: ()

Koori/TSI: Yes/No D.O.B:/...../.....

Referrer Contact Details:

Name:

Address:

Postcode: Phone Number: ()

Psychiatric Diagnosis:

.....

Clinical Service or support is provided by.....

What are your rehabilitation or support needs? (use these areas as prompts)

Living: (activities of daily living, general functioning, housing)

Learning: (schooling, education, training)

Vocation: (employment, work, career)

Socialisation: (relationships, friends, social and recreational activities)

What is the aim of referral to Aspire?

Other Considerations e.g. Non English Speaking Background, physical disabilities/illness, legal status

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Risk Factors:

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.....

I, _____ hereby state that this referral has been discussed with me and I have given my consent for it to proceed.

_____	_____	_____
CLIENT NAME	SIGNATURE	DATE

_____	_____	_____
RECEIVED BY (NAME)	SIGNATURE	DATE

Copies of this referral are to be given to the Service User, Aspire Support Worker, and the Case Manager.

REFERRAL PROCESS

- ◆ Is the potential service user disabled or disadvantaged as a result of mental illness?
- ◆ Has the referral been discussed with the individual?
- ◆ Has he/she agreed to meet with a support worker to discuss the types of support available?

If the answer to all these questions is yes, a referral is appropriate.

Please note, self referrals are also welcomed.

Aspire provides services for people with a psychiatric disability. The service offers support which is focused on the individual. The aim of all programs is to facilitate community access and involvement.

Group Activities (day programs):

Day programs: This program provides psychosocial rehabilitation with a focus on informal social and recreational opportunities, with an aim to develop social support networks.

Targeted group activities: this program provides psychosocial rehabilitation which focus on developing life skills and social support networks.

Individual support:

Home based outreach: This program provides psychosocial rehabilitation with a focus on recovery, social and life skills. This program is delivered in the participant's own home with individual staff support

Intensive home based outreach: A time limited program to provide intensive individual support to people with multiple, complex needs, or who are at risk of homelessness.

Housing and support: This program provides limited access to public housing accompanied by support through Aspire to the above programs.

Respite: The program aims to provide an opportunity for families and consumers to have a planned break from current life circumstances.

Sage Hill Carers Service: Provides general support and the opportunity to talk about caring for someone with a mental illness. Referral to Sage Hill is made by contacting their office, Sage Hill Carers Service on 55615261

You can phone Aspire on 55603000 to make an appointment. Please bring the referral form to the initial appointment, or send to PO Box 683, Warrnambool 3280, marked CONFIDENTIAL. The outcome of the referral will be discussed with both the service user and the referrer (where appropriate) to achieve the best possible result.

Please note: following the initial contact appointment, the person referred is not obliged to use the service.