

## **Richmond Fellowship – Adult Residential Recovery Programme Referral**

**Date referral completed** -

**Participant name** -

**Date of birth** -

**Identified gender** -

**Identified ethnic background** - ATSI CALD: \_\_\_\_\_ Nil (please circle)

**Phone** -

**Current address** -

**Eligibility for NDIS support** - Yes No *In progress* (please circle)

**NDIS participant number** -

**Eligibility for NDIS supported independent living funding:** Yes No *In progress* *Unsure* (please circle)

**REASON FOR REFERRAL TO RICHMOND FELLOWSHIP ADULT RESIDENTIAL RECOVERY PROGRAMME:**

**PARTICIPANT DISABILITIES:**

**1. Psychosocial Disability resulting from Mental illness impacting upon the person’s functional capacity**

a. Diagnosed Mental Illness(s):

b. Symptoms of illness:

**2. Other Disability(s):**

a. Primary Impact(s) upon Function

**WHICH ASPECTS OF FUNCTION HAS THIS PERSON HISTORICALLY REQUIRED ASSISTANCE TO MANAGE:**

- |  | Never | Occasionally | Often | Usually | Always | N/A |
|--|-------|--------------|-------|---------|--------|-----|
| <b>1) Personal Care Tasks</b><br><i>(including showering, maintaining hygiene, healthy diet, grooming, managing medications, keeping physically active, sleeping etc.)</i><br>Please provide examples:                   |       |              |       |         |        |     |
| <b>2) Managing Home Living</b><br><i>(including cleaning, cooking, washing clothes, shopping, paying bills, maintaining tenancy, relations with neighbours etc)</i><br>Please provide examples:                          |       |              |       |         |        |     |
| <b>3) Maintaining Daily Roles &amp; Activities</b><br><i>(including going to work, managing to study, having interests, keeping occupied etc.)</i><br>Please provide examples:   |       |              |       |         |        |     |
| <b>4) Social Engagement</b><br><i>(including engaging with the public, getting to places, socialising, making friends, family relations, behaving appropriately, living with others etc)</i><br>Please provide examples: |       |              |       |         |        |     |
| <b>5) Communicating with Others</b><br><i>(including conveying intent, understanding others, asking for help, reading/writing etc)</i><br>Please provide examples:   |       |              |       |         |        |     |
| <b>6) Use of Drugs and alcohol</b><br>Please provide examples:   |       |              |       |         |        |     |

**7) Mobility**

*(including walking, lifting objects, sitting, standing, balance etc)*

Please provide examples:

Never   Occasionally   Often   Usually   Always   N/A

**8) Learning new skills**

*(including engaging in new daily activities, managing change, planning for future)*

Please provide examples:

Never   Occasionally   Often   Usually   Always   N/A

**INFORMAL AND OTHER SUPPORTS PROVIDED (Who & What?):**

**1) Family Supports**

**2) Social/Personal/Friendship Supports**

**3) Community/Non-Government Supports**

**DO THEY REQUIRE SUPPORT WHEN MAKING DECISIONS CONCERNING ASPECTS OF THEIR LIFE:**

**1) Formal** (please circle)

Guardian   Community Health Order   Psychiatric Treatment Order   Public Trustee   Financial Management

Other:

**2) Informal** eg. family, friends, support worker

**MAINSTREAM SUPPORTS:**

**1) Community Mental Health Services**

i) Clinical Manager:

ii) Psychiatrist:

iii) Treatment (please circle) :                      Medication                      Psychotherapy/Counselling                      Skill Development

iv) Team(s):

**2) Crisis Interventions** eg CATT, ED presentations (present or historical) **YES / NO**

**3) Acute Inpatient admissions** (present or historical) **YES / NO**

*Most recent occasion:*

*General Frequency (per year):*

**4) Residential Rehabilitation** eg Brian Hennessy, Ron Hemming **YES / NO**

*Where & When:*

**5) Assertive Outreach** eg. SAT, MITT, community nursing **YES / NO**

**6) General Practitioner** **YES / NO**

*Name:*

**7) Other Specialist Medical:** **YES / NO**

*Name:*

**8) Disability Support Pension** **YES / NO**

**9) ACT Housing** **YES / NO**

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**Referral Form Completed by:**

**Relationship to Applicant:**

**Phone:**

**Email:**

Please forward this referral to [jason@rfact.org.au](mailto:jason@rfact.org.au) or [sally@rfact.org.au](mailto:sally@rfact.org.au)  
ph: 6248 6118, fax: 62477691