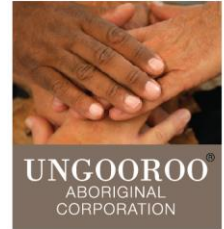


Ungooroo SHS Youth Support



Referring Agency

Name _____

Agency _____

Address _____

Phone _____

Email _____

Client Details

Name _____

DOB _____ Age _____

Gender Male Female Other

Phone _____

Do you identify as Aboriginal or Torres Strait Islander? Yes No

Housing T File Number _____

Centrelink reference Number (CRN) _____

Income Type _____

Current Situation

What is your current living situation? (Why is assistance required?)

Ungooroo Aboriginal Corporation

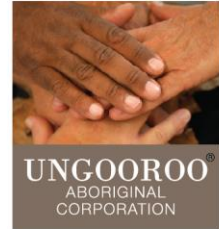
ABN 25 311 313 884

ADDRESS 128 George Street, SINGLETON NSW 2330

POST PO Box 3095, SINGLETON NSW 2330

PHONE 02 6571 5111 | FAX 02 6571 5777

EMAIL admin@ungooroo.com.au | www.ungooroo.com.au



Are you attending any employment/education/training?

Additional information we need to be aware of (including Mental Health/Drug and Alcohol/ Medical Conditions/Court Orders)?

Other agency involvement (including FaCS/Legal/Counsellors)

Agency name _____

Contact person _____

Phone _____

Agency name _____

Contact person _____

Phone _____

Release of information

Has this form has been completed with the Young Persons knowledge and full consent?

Yes No

Please fax or email referral to:

Email: community@ungooroo.com.au OR ghsh@ungooroo.com.au

Fax: 02 65715777

Phone: 02 65715111

Ungooroo Aboriginal Corporation

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