Please send this referral to the 360 Health CPS Team
Fax: 08 9279 8221 | Email: pss@360.org.au
Mail: PO Box 1310, East Victoria Park, WA 6981
For further information, call: 08 9376 9200

Outreach Referral Form
Commonwealth Psychosocial Support (CPS)
(Formerly known as NPSM)

The Commonwealth Psychosocial Support Program (CPS) helps people with a persistent mental health condition which directly affects their everyday functional capacity. Our psychosocial supports work in partnership with clients to improve their mental wellbeing and reach their goals. Alongside family, friends, carers and clinical services, we help our clients build their support network and access psychosocial support services within their community.

Our experienced Senior Mental Health Outreach Support Workers work with clients to develop a Recovery Action Plan. With time-limited intensive supports to build capacity and stability, we help clients to work towards their personal recovery goals.

Support can be provided to test eligibility for the NDIS by this program, where appropriate.

This service is not an emergency response service; however, a safety or crisis awareness plan can be developed with the client for use with a support network around the client.

Eligibility

- Not currently receiving funding from NDIS or from the Transition Support programs.
- A severe mental illness with reduced functional capacity associated with mental health.
- Available to adults aged 18-65 years of age located in most areas of the Perth North region.

Please send this referral to the 360 Health CPS Team
Fax: 08 9279 8221 | Email: pss@360.org.au
Mail: PO Box 1310, East Victoria Park, WA 6981
For further information, call: 08 9376 9200

REFERRER DETAILS	
If you are completing this form on someone's behalf, please complete the following section	
Name:	
Position/Role:	
Organisation Name:	
Telephone Number:	
Email Address:	
Reason for referral:	
Will you be providing ongoing clinical/case management support?	☐ Yes ☐ No
Preferred gender of mental health support worker	☐ Male ☐ Female ☐ Either

APPLICANT DETAILS			
*First Name:		*Surname:	
Preferred Name:		Pronouns (he/she/they):	
Date of Birth:			
What was applicant's sex recorded at birth?	☐ Female ☐ Male		
How does applicant describe their current gender?			
☐ Man/Male	☐ Woman/Female	☐ Gender Diverse/ Non Gendered	☐ Transgender Male
☐ Transgender Female	☐ Non-Binary	☐ Gender Fluid	☐ Prefer not to say
☐ Other			
Applicant's Sexual Orientation?			
☐ Straight	☐ Gay/Lesbian	☐ Bisexual	☐ Unsure/Don't Know
☐ Prefer not to answer	☐ Other, please specify		
Address:			
Suburb:		Post Code:	
Email:		Phone/Mobile:	

*PLEASE NOTE: At least one method for contacting the applicant must be provided

Please send this referral to the 360 Health CPS Team
Fax: 08 9279 8221 | Email: pss@360.org.au
Mail: PO Box 1310, East Victoria Park, WA 6981
For further information, call: 08 9376 9200

Country of Birth:			
Does the applicant identify as Aboriginal or Torres Strait Islander?			
☐ Yes - Aboriginal	☐ Yes - Torres Strait Islander	☐ Yes - Aboriginal & Torres Strait Islander	
☐ Prefer not to say	☐ Neither Aboriginal nor Torres Strait Islander		
Ethnicity:			
Does applicant identify as Culturally and Linguistically Diverse (CaLD)?	☐ Yes ☐ No ☐ Prefer not to say		
Main Language:			
Is an interpreter required?	☐ Yes ☐ No If yes, what is the preferred language?		
Marital Status:			
☐ Married	☐ Divorced	☐ Separated	☐ Widowed
☐ Single	☐ Defacto		
Is the applicant employed?	☐ Yes ☐ No	Is the applicant volunteering?	☐ Yes ☐ No
What is the applicant's main income source?			
☐ Age pension	☐ Youth allowance	☐ Carer allowance	☐ Paid work
☐ Disability pension	☐ Department of Veteran's Affairs	☐ Unemployment (Newstart)	
☐ Other, please specify			
Centrelink Number		Expiry	
Does the applicant have any children or dependents?	☐ Yes ☐ No If yes, number of children or dependents and their ages		
Are there any legal issues that we need to know about? (e.g. outstanding charges, convictions or community treatment order)	☐ Yes ☐ No If Yes, please provide details below		

Please send this referral to the 360 Health CPS Team
Fax: 08 9279 8221 | Email: pss@360.org.au
Mail: PO Box 1310, East Victoria Park, WA 6981
For further information, call: 08 9376 9200

LIVING ARRANGEMENTS			
What best describes the applicant's current living arrangements?			
☐ Private Rental	☐ Public Housing	☐ Home Owner	
☐ Other Homelessness	☐ Crisis Accommodation	☐ No stable accommodation	
☐ Other, please provide details/comments:			
Who does the applicant live with?	☐ Alone	☐ With Family	☐ Share House
Is the housing safe?	☐ Yes ☐ No	If no, please provide details below	
Is it safe and appropriate to send 360 Health + Community workers to the property?			
☐ Unknown	☐ Yes	☐ No	
Does the applicant have any pets?	☐ Yes	☐ No	

MENTAL & PHYSICAL HEALTH		
The applicant has/appears to have a severe mental illness with associated psychological impact	☐ Yes ☐ No	
Primary mental health diagnosis (if known)		Year of first diagnosis
Secondary mental health diagnosis (if known)		Year of first diagnosis
BRA, Discharge Summary and Crisis Action Plan etc. to be attached	☐ Yes ☐ No	
Is there a Community Treatment Order in place?	☐ Yes ☐ No	

CO-OCCURING CONDITIONS			
Does the person have any co-existing health factors? (please tick all that apply)			
☐ AOD use	☐ Health issues	☐ Sensory/speech disability	☐ Dementia
☐ Significant physical	☐ Intellectual/cognitive disability	☐ Acquired brain injury	☐ Other (specify)
Current/historical alcohol/substance use	☐ Yes ☐ No		
Please provide details			
Medication (including dose)			

Please send this referral to the 360 Health CPS Team
Fax: 08 9279 8221 | Email: pss@360.org.au
Mail: PO Box 1310, East Victoria Park, WA 6981
For further information, call: 08 9376 9200

NDIS & OTHER EXISTING SUPPORTS	
Has the applicant been assessed for NDIS eligibility?	☐ Yes ☐ No
NDIS Plan Number (please attach NDIS plan)	
Details of when applicant was assessed/outcome, etc	

Name	Organisation	Contact Person	Phone	Email
	Carer or Nominated Support Person			
	GP			
	Psychiatrist			
	Psychologist			
	Case Manager			
	Other services support			

NEXT OF KIN/EMERGENCY CONTACT				
Name	Relationship	Mobile	Phone	Email

GUARDIANSHIP			
Are there any Guardianship or Administration orders in place?	☐ Yes ☐ No If Yes, please attach order		
Contact Person:		Email:	
Phone:		Mobile:	

PUBLIC TRUSTEE			
Has a public trustee been appointed?	☐ Yes ☐ No		
Contact Person:		Email:	
Phone:		Mobile:	

Please send this referral to the 360 Health CPS Team
Fax: 08 9279 8221 | Email: pss@360.org.au
Mail: PO Box 1310, East Victoria Park, WA 6981
For further information, call: 08 9376 9200

CONSENT	
Is the applicant aware and have they given consent for this referral to be completed?	☐ Yes ☐ No
Does the applicant give permission for the release of their information to 360 Health + Community?	☐ Yes ☐ No
Does the applicant give permission for 360 Health + Community to contact them and the support/services listed above?	☐ Yes ☐ No
*PLEASE NOTE: The referral will not be processed unless the above is confirmed	

Signature of Referrer: _____ Date:_____

Signature of Referred Individual: _____ Date:_____

SAFETY	
Does the applicant have a history of harming themselves or others?	☐ Yes ☐ No
Does the applicant have a history of suicidal ideation?	☐ Yes ☐ No
Has the applicant ever been in trouble with the police?	☐ Yes ☐ No
Has the applicant ever spent time in custody?	☐ Yes ☐ No
Is the applicant at risk of harm from someone else?	☐ Yes ☐ No
Is there a history of family or domestic violence?	☐ Yes ☐ No

Please provide any further information in relation to safety

NOTE: If issues of safety and security exist, it will not necessarily preclude the individual from accessing services. Any safety and security issues identified will be discussed with the referrer so that a support plan or risk management plan can be put in place.