Narrabri & District Community Aid Service Inc.
43A Maitland St Narrabri ~ P.O.Box 593
Narrabri NSW 2390
Ph: 02 67924900
Email: kelly@ndcas.com

NDCAS Families & Youth Service
Youth Referral Form

Name of Young Person: _____

Date of Birth: _____

Gender: **Male** **Female** **Intersex or Indeterminate**

Home Address: _____

Phone number (if applicable): _____

Parents/carers details:

Name	**Phone**

Does the young person or any family member(s) identify as Aboriginal or Torres Strait Islander: Aboriginal Torres Strait Islander No

Does the young person or any family member(s) identify as culturally or linguistically diverse: Yes No

School name: _____

School phone: _____

Year advisor/mentor teacher:

Name & position: _____

Best contact time: _____

Email: _____

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Reasons for referral, including previous school interventions:

Expected outcome from NDCAS engagement:

Any risk factors that NDCAS staff should be aware of:

Referring Person signature: _____

Date: _____