

Personal Helpers and Mentors Program (Southside) – Referral Form

The Personal Helpers and Mentors Program (PHaMs) assists people aged 16 years and over whose ability to manage daily activities and to live independently in the community is severely impacted as a result of mental health issues. Potential participants for the program will need to consent to a functional assessment and *non-identifying* information being passed on to FaHCSIA (Department of Families, Housing, Community Services and Indigenous Affairs) for reporting, research and statistical purposes and to measure and evaluate outcomes of the program.

Potential participant's details:

Date of Referral:		
Name:	Phone:	Mobile:
Address:		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
DOB:		
Referring person:	Organisation:	
Contact N°:	Email address:	

Reason for referral including mental health, safety and functional issues:

Other Services/Supports including mental health services involved:

Please read introductory paragraph above. Does the potential participant consent to this referral and PHaMs staff discussing it with the referring agency; to undergo an assessment with PHaMs staff and have non-identifying information passed on to FaHCSIA?

- Yes
 No (not eligible for the PHaMs program)

Signature of referring person Date:

Signature of potential participant..... Date: