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| **PARENTAL/GUARDIAN CONSENT FORM FOR REFERRALS OF PERSONS AGED 16 & 17 YEARS OF AGE TO JOONDALUP MENTAL HEALTH STEP UP STEP DOWN SERVICE (JMHSS)**  |

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| Neami JMHSS is a voluntary short- term, mental health recovery service for people who are at risk of requiring hospital admission or who are leaving hospital. The 22 individual unit facility offers 24-hour support and a range of group and individual rehabilitation and recovery programs. Persons referred to JMHSS can have up to a 28 day stay. To be eligible for referral to JMHSS:* Be aged 16 to 64
* Have a mental health diagnosis
* Be able to engage cooperatively in a group setting and willingness to participate in the Optimal Health Program
* Have stable and ongoing accommodation
* Not using illicit drugs or substances during their time at service
* Persons under 18 years of age must have ongoing support from their clinical team, and in- support from family, guardian and next of kin. (An individualised support plan is developed with the clinical team following assessment)
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This consent form is for the Parents or Legal Guardian of the referred young person to provide consent for an assessment to review suitability for placement at JMHSS. The assessment occurs at the JMHSS site and is completed by Clinical Staff. This involves a broad mental health assessment and identifying with the young person what their psycho-social recovery goals are and what they would like to achieve in their stay at JMHSS.

**CONSENT FORM FOR REFERRAL FOR ASSESSMENT AT JMHSS**

**PARENT/LEGAL GUARDIAN**

***I confirm I am the Mother/Father/legal guardian (circle the applicable) of:***

**Name:**

**Address:**

**D.O.B:**

***and authorise that an assessment can occur for suitability for placement at JMHSS.***

NAME-

SIGNATURE-

DATE –

CONTACT DETAILS –

 **PARENT/LEGAL GUARDIAN**  (if second is legally required)

***I confirm I am the Mother/Father/legal guardian of:***

**Name:**

**D.O.B:**

***and authorise that an assessment can occur for suitability for placement at JMHSS.***

NAME-

SIGNATURE-

 DATE –

 CONTACT DETAILS –

**WITNESS (Referrer)**

NAME-

 SIGNATURE –

 DATE –

 SERVICE CONTACT DETAILS -