

Community Services Referral Form

About Step Thru Care

Step Thru Care - Geelong Otway's offers free mental health and/or alcohol and drug (AOD) support. Step Thru Care provides support in one place, which means people experiencing mental health or substance use challenges, or a combination of both, don't need to retell their stories to multiple services.

The Step Thru Care team have diverse backgrounds and expertise, including specialising in mental health, AOD and LGBTIQA+ specific challenges. This helps to create a culturally safe, accessible and inclusive service.

The team is made up of mental health and AOD clinicians, child and family practitioners, multicultural practitioners, care recovery coordinators, and peer support workers who have lived experience of mental health and substance use challenges.

Step Thru Care offers a recovery focused approach by providing:

- tailored information
- education
- group therapies
- emotional support
- evidence-based therapies
- care coordination.

Eligibility Information

People who are eligible:

- Low income, e.g. healthcare /concession card holders
- Living rural or remote
- People who identify as LGBTQIA+, aboriginal and/or Torres Strait Islander peoples
- People from Culturally and Linguistic (CALD) backgrounds
- Children under the age of 12 years
- People experiencing perinatal depression
- People experiencing or at risk of domestic violence

- People with an intellectual disability and who are experiencing AOD and/or mental health issues
- Young people who do not access to other appropriate services.

Receiving STC service is not duplicative of other services.

Those who do not fit into the above criteria should be encouraged to seek appropriate services.

Please note: people aged 12-25 should be referred to Headspace in the first instance.

Please include any supporting documentation if available, e.g. K10, IAR, SDQ.

Consumer Information

Title	First Name	Preferred Name			
Last Name	Date of Birth	Gender			
Pronoun	Address				
Contact Number	Email				
Country of Birth	Main Language Spoken				
English Proficiency	Interpreter Required	Yes	No		
ATSI Status	Homelessness				
Intersex	Sexual Orientation				
Labour Force Status	Employment Participation				
Income Source	Marital Status				
Health Care Card	Yes	No	NDIS Participant		
			Yes	No	
Consumer consents to referrer sharing information with Step Thru Care				Yes	No

Emergency or Support Person Contact

First Name	Last Name
Phone Number	Relationship to You
First Name	Last Name
Phone Number	Relationship to You

Current Supports

Personal

Name	Contact Number
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Service support

Name	Contact Number
Email Address	

Child/Youth Referrals

Guardian Name

Contact Number

Does the child/youth reside with the guardian?

Yes

No

If no, where does the child/youth reside?

Carer Name

Carer Number

Are there any legal orders? Eg FLC, IVO, DFFH (please attach copies)

Yes

No

Comments:

Is the child/young person aware this referral is being made?

Yes

No

Referrer

Referrer Profession

Referrer Name

Referrer Phone

Referrer Fax

Referrer Email

Referrer Organisation

Organisation Name

Suicide Risk Assessment

Suicide risk

Yes

No

Previous suicide attempt?

Yes

No

Recent attempt?

Yes

No

When

Mental Health & AOD

Past history of mental health concerns

Current mental health concern and/or diagnosis

Please advise of medications:

Antipsychotics?	Yes	No	Not stated	Unknown
Anxiolytics?	Yes	No	Not stated	Unknown
Hypnotics?	Yes	No	Not stated	Unknown
Antidepressants?	Yes	No	Not stated	Unknown
Psychostimulants?	Yes	No	Not stated	Unknown

AOD use

Primary drug of concern	Quantity
Secondary drug of concern	Quantity

Reason for Referral

Please email referral to stepthruare@neaminational.org.au or fax to 03 5229 5286

If you are sending via email, please ensure the document is password protected.

Secure Messaging EDI: neamistc

Please note: Step Thru Care is not a crisis service. Please call the Barwon Health ACCESS Team on 1300 094 187 where acute risk is present.