



OFFICE USE ONLY

Date allocated: \_\_\_ / \_\_\_ / \_\_\_

Allocated to: \_\_\_\_\_ Initials: \_\_\_\_\_

**REFERRAL TO CASSA**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Other contact: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_ Country of Birth: \_\_\_\_\_

Date of arrival: \_\_\_\_\_ Preferred Language: English  Vietnamese  Other: \_\_\_\_\_  
*(if not born in Australia):*

**Type of referral:**

- Self
- Referring worker/GP - Name: \_\_\_\_\_ Signature \_\_\_\_\_

Agency/clinic name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Service required:** (Please tick appropriate boxes)

- Youth support
- Gambling treatment and support
- AOD counselling and support
- Aged care and disability support
- Family support
- Mental health care co-ordination

Other (please state): \_\_\_\_\_

**Main concerns/presenting issues:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Client's current risk to self and others: Yes  No

Details/Record any immediate action taken or assistance provided:

---

---

---

---

---

---

---

---

---

---

---

**Internal office use only:**

- Intake/Referral triage within 24hrs
- Inform referrer that referral has been received
- Referral outcome - Place on waiting list
- Arrange an appointment for assessment
- Other: \_\_\_\_\_

**Please return this form to:**

**Community Access Services SA**  
 Vietnamese Community in Australia/SA Chapter Inc  
 PO Box 180 Kilkenny SA 5009  
 FAX: 8447 5527  
 Email: [admin@sa.vnca.org.au](mailto:admin@sa.vnca.org.au)