



Non-Clinical Support Referral Form

6 Olive Street (PO Box 1759) Southport Q 4215
Phone: 07 55 916 490 / Fax 07 55 270 259

Thank you for taking the time to apply for non-clinical support through the Mental Illness Fellowship of Queensland. At MIFQ we believe in recovery and an individual's right to self-determination; we work with program participants to establish their own Recovery Plan that focuses on their strengths and abilities

We have a variety of programs that may be able to assist you to be able to live a meaningful life in the community. Please read the descriptions below of each of our services, and tick the ones most appropriate to you. After you have completed this referral form, one of our friendly workers will be in contact with you to arrange an interview to discuss which program would be best for you!

- Tekapo Accommodation Support Service** Tekapo is the program for you if you dream of eventually living in your own accommodation; in an area you choose and with people you want to live with! Tekapo can help you develop the skills you will need to be able to achieve this goal and live a meaningful life within the community. Tekapo is a short to medium term service, which means you can't live there forever! You need to be working with the Tekapo worker to establish your own goals geared towards moving into alternative accommodation of your choosing! You will be living with other individuals with similar goals, and who knows, you might even meet someone you'd like to move out with. During the days (Monday-Friday) you'll be busy engaging in countless opportunities to achieve your goals. Tekapo is a Maori word meaning, 'night sleeping place.'
- Harmony Support Service** Harmony is for you if you want some help to determine your hope and dreams for your life, and to overcome what has been getting in the way of you achieving these things. We have a saying, 'if you could have done it, you would have done it!'. Harmony workers help you to identify what it is you would like in your life, what you would like to have self-determination over, what's been getting in the way, and how you can you work towards the life you want to live! Assistance can be in a variety of areas, like finding community groups in your area, budgeting, finding volunteer work, assisting you to develop skills to complete your grocery shopping, integration into community based groups and expanding social networks, as well as other guidance to help develop and maintain a healthy lifestyle.
- Federation Clubhouse** The Clubhouse is for you if you like participating in groups, and contributing towards the day to day running of the Clubhouse! It's a great place to meet new friends, catch up with old friends, gain your confidence to interact socially again, develop skills to gain employment, access the internet and a wonderful stepping stone to gaining information about community groups, activities and events! Groups are run during 10 week programs and suggestions are sought from the members for upcoming groups! The current program is included in this pack!

If you would like any more information on the services we provide please call our friendly receptionist on (07) 55 916 490 and she will be able to put you through to the person you need to speak with! ☺

Personal Details:

First Name: _____ Surname: _____

Address: _____ Postcode: _____

D.O.B. _____ Sex: Male Female (Please circle)

Home number: _____ Mobile Number: _____

Do you have a mental health diagnosis? If yes, please provide further details: _____

Resources to meet your needs: MIFQ currently provides services and support to a large number of individuals who have a variety of support needs; we need to determine whether our organisation has the resources available at this time to support you in your recovery effectively. Please tick which needs you would like assistance with, support or advice in relation to.

Managing my mental distress		Further education	
Anger and frustration		Sexual problems	
Bereavement		Loneliness and isolation	
Information on medication		Family relationships	
Counselling		Alcohol and drug related problems	
Home help		Help with meals	
Unemployment or disability benefits		Negotiating with service	
Budgeting		Accommodation	
Accessing public transport		Rental advice and support	
Finding a job		Training for work	
Voluntary work		Advice on mental health act	
Information on advocacy services		Support groups	
Travel Allowances		Telephone	
Indigenous support		Community Centres	
Health and Wellbeing		Recreation options	
Respite care		Child care and benefits	

* Adapted from 'Direct Power' by the Community Support Network, Brixton and MIND, London.

2. Are you interested in participating in other MIFQ programs? (Please circle)
Information on these programs was included in your referral kit.

- Sense of Self (self esteem development)
- BBQ's (two a month)
- Getaways (art, beach, adventure)
- Ten Pin Bowling
- Rise N Shine (Walking Group)
- Volunteering

3. How else could our service be of assistance to you?

Professional Contacts:

MIFQ does not provide clinical support, however it is preferred that people who access our services have someone providing clinical support. Clinical support could come in the form Case Manager, Psychologist, General Practitioner.

Do you have someone who provides clinical support? *(Please circle)* Yes No

Name: _____

Relationship to you: _____ Contact Number: _____

Do you give permission for MIFQ to contact this person about your application and ongoing support needs? *(Please circle)* Yes No

Is this person supportive of your application? *(Please circle)* Yes No

Intake Interview:

Would you like to invite an advocate to be present during our contact with you in relation to our intake processes? *(An advocate is a person to give support, encouragement and to speak on your behalf if needed. This can be a friend, family member or an advocate from an organisation like Gold Coast Advocacy Services).*

Yes No

If yes, would you like us to contact this person with a meeting time and date or would you like to let them know the details? Yes No

If yes, please complete their name and phone number.

Name: _____ Phone Number: _____

If you don't know someone we can give you a contact number and/or help you to obtain an advocate.

Applicant's Name: _____ Date: ___/___/___

Referrers Name: _____ Date: ___/___/___

Relationship to applicant: _____

Thank you for taking the time to complete this application ☺

To get this referral form back to us you can:

- Bring it into our offices located at 6 Olive Street, Southport.
- Post it to us at MIFQ, PO BOX 1759, Southport, Qld, 4215
- Or fax back to our offices on (07) 55 270 259.

One of our friendly Mental Health Workers will be in touch shortly to organise an intake interview!