

Referral form

Criteria for the Young Adults Team

- Young adult has left school and is aged 18–26 years of age inclusive.
- Young adult lives or attends a day service in Dublin, South Kildare and West Wicklow.
- Young adult presents with complex developmental disability related needs, which requires support from 2 or more disciplines on the Young Adults Team.
- Young adult's needs would not be more appropriately addressed within the framework of a Primary Care or Mental health Service.
- The day service the young adult attends or is due to attend, does not have provision of multi-disciplinary support as part of their service level agreement. **Where a day service has discipline specific clinical support available, this should be exhausted prior to a referral to the Young Adults Team.**

Please tick to indicate that the young adult meets the criteria for referral as described above.	
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Before submitting the referral, please ensure the following. Failure to do so will cause delays processing referrals:

- There is a clear reason for the referral, and you have specified what you hope the outcome of the referral will be.
- You have details for the person making the referral.
- You have all the supporting documentation to send with the referral. We require a copy of the most up to date psychological report, any diagnostic reports, a discharge summary report if they were previously linked with a clinical team, most recent OT, SLT, Physio, Social Work reports and any relevant support plans such as a communication support plan, a positive behaviour support plan.
- You have asked the young adult's consent prior to sending the referral, and consent section at the end of the form is completed.

Date of referral			
Referrer name		Referrer occupation	
Referrer email		Referrer phone number	

(A) YOUNG ADULT'S PERSONAL DETAILS	
Surname	First Name
Year young adult left school	Date of Birth
Gender	
Address	
Eircode	
Family contact name	
Family contact phone number	Young Adult's contact phone number
Family contact email address	Young Adult's email address

Country of Birth	First Language	Interpreter required (circle 'yes' or 'no')? Yes No
	Other languages spoken at home	

As the referral is for the Young Adult for support, they should be contacted first for consent to engage in working with the YAT.

Please outline the best way to contact the person to begin work.

(B) REASONS FOR REFERRAL

What are the main concerns and priorities for the young adult and their supporters?

Are there any supports/strategies already in place to support this identified need?

Please provide detail.

(more space to write on next page)

What outcomes do you hope to get from submitting this referral form?	
Any other information/risk factors related to this referral.	
<p>If the young adult has been referred to the YAT before, and there are no changes to any of the below information, you do not need to complete sections C, D, E and F.</p> <p>Please ensure that the consent form is completed, and all relevant reports included. We will not accept a referral without consent from the young adult and copies of relevant reports/plans. Incomplete referrals will cause delays as they will be returned to the referrer.</p>	
(C) PREVIOUS CLINICAL SUPPORTS	

<p>Has the young adult previously attended the Children's Network Disability Team or other school age clinical teams?</p> <p>If so, please provide details of team.</p>	<p>Have they attended any of the following Primary Care teams?</p> <p><input type="checkbox"/> Speech & Language Therapy</p> <p><input type="checkbox"/> Occupational Therapy</p> <p><input type="checkbox"/> Physiotherapy</p> <p><input type="checkbox"/> Psychology</p> <p><input type="checkbox"/> Other (please give details)</p>
<p><input type="checkbox"/> Mental Health Service</p>	<p><input type="checkbox"/> Tusla</p>
<p>Name of School Attended:</p> <p>Contact details of school:</p> <p>School Principal:</p> <p>Name of school personnel with most knowledge/experience with the young adult:</p>	
<p>(D) DAY SERVICE DETAILS</p>	

Day Service Organisation	Keyworker Contact Name
Specific Day service Location/Address	Key Worker phone number/email address
Manager/Contact Person of Day Service	Manager phone number/email address
(E) MEDICAL HISTORY (Attach any relevant Medical Reports)	
GP name and contact details	Relevant Medical History/Surgical Intervention
Allergies/Adverse medication evnts	Current investigations e.g. blood tests, scans, hearing tests

Neurodiversity/Diagnosis

Has the young adult received any professional diagnoses indicating an Intellectual Disability, Autism, Sensory Impairment, or others?

Please Describe and attach relevant reports.

(F) SOCIAL CIRCUMSTANCES**Relevant family and social history**

For example, family health or housing difficulties, financial or employment problems, bereavement, or other stresses.

Please identify the strengths, interests and capacities that would be helpful for the team to be aware of when working collaboratively with this young adult, their family and service provider.

Record of Consent for Young Adults Team Referral












Please show the young adult the easy read information below and then complete section A or Section B or Section C

- If the young adult can consent and sign the form, please complete **Section A**.
- If the young adult can consent but requires further support understand the referral, please complete **Section B**. A signature is not required to confirm consent. Please document how you supported the person's understanding of the referral.
- Where a person's capacity to consent to the referral is in question, please complete **Section C**. If the young person has a decision support arrangement in place, please attach a copy of the decision support arrangement.

Further easy read information including video of the Young Adults Team and how we support people, and more specific information on individual disciplines can be found on the Kare website <https://www.kare.ie/young-adults-team>







Easy Read Information for Consent


Yes, I agree:  or No, I do not agree  (please circle)

<p>I agree/do not agree to the following:</p> <div data-bbox="118 696 233 813">  </div> <p>For a referral to be sent to the Young Adults Team. This referral will let the team know that I would like their help. It will include information about me such as my address, date of birth and any diagnosis I may have.</p>		
<div data-bbox="156 1003 368 1160">  </div> <p>For the Young Adults Team to contact the HSE/other clinical teams/day services who may have supported me in the past to get copies of reports, support plans, assessments, recommendations and other information about me.</p>		
<div data-bbox="124 1339 349 1503">  </div> <p>For the Young Adults Team to talk to me, my family, doctor, staff or others who support me to understand how they can help.</p>		
<div data-bbox="118 1644 277 1765">  </div> <p>For The Young Adults Team to keep information about me on the our computer system. Information will include but not limited to name, date of birth, address, reports, notes etc.</p>		

Section A

To be completed by the young adult.

 <p>I have read the Easy Read Information for Consent</p>		
 <p>I agree to the referral to the Young Adults Team</p>		

 <p>Name of Young Adult</p>	<p>Signature of Young Adult</p>
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Section B

To be completed by the supporter, when further support is needed to consent for the referral, please complete section B.

Checklist	Yes	No
1. Have you discussed the reason for referral with the individual?		
2. Have you shown the individual the easy-read information for consent above and/or the accessible information provided on the Young Adults Team website?		
3. Please provide details on how the young adult demonstrated their consent to the referral_e.g. Lámh, visuals, gesture, verbal, talking mats, facial expression, body language (please specify)?		
Checklist completed by:		
Signature:		
Relationship to person being referred:		
Date:		

Section C

To be completed by the supporter where a person's capacity to consent to the referral is in question

The Decision support service promote the rights and interests of people who may need support with decision making. They register decision support arrangements and supervise decision supporters. More information on the decision support service and arrangements can be found on www.decisionsupportservice.ie

Please answer questions 1-3

If there is a decision support arrangement in place that is registered by the Decision Support service, please answer Q4 and Q5

If there is no decision support arrangement in place, please go to Q6

Checklist	Yes	No
1. Have you discussed the reason for referral with the individual?		
2. Having shown the individual, the easy read information and/or video is the person's capacity to consent to the referral still in question?		

3. Is the intervention for the benefit of the person and if so, please specify why?

It will optimise their health and wellbeing ☐

It is consistent with their will and preferences if ascertainable ☐

It is consistent with their beliefs and values ☐

It is consistent with the views of those consulted ☐

Other

4. Is there a legal Decision Support Arrangement registered with the Decision Support Service? If so, please specify what this arrangement is

Decision Making Assistance Agreement ☐

Co-decision Making Agreement ☐

Decision Making Representative ☐

Please attach a copy of any Decision Support Arrangements which are in place.

5. Where there is a Decision Support Arrangement in place, has the authorised person given consent to this referral?

Yes ☐

No ☐

Checklist completed by:

Signature:

Relationship to person being referred:

Date:

Please email or post your referral with all supporting documentation including:

- **Most recent psychological report, even if this is quite old.**
- **Discharge summary report if young adult was linked with a CDNT/primary care team or mental health team.**
- **Any other relevant clinical reports from recent involvement with OT/SLT/Physio/Social Work.**
- **Any relevant support plans e.g., behaviour support plan/communication support plan, eating drinking and swallowing support plan.**

Please email a completed referral form to: yatadmin@kare.ie

You can also post referral form to:

Young Adults Team,
Unit 3/4 St Johns Court,
St Johns Grove,
Johnstown,
Co. Kildare
W91Y74

If you would like to discuss this referral with a member of the team, you can contact the Young Adults Team at yatadmin@kare.ie or 087-6824240