



WHO CAN ACCESS PARTNERS IN RECOVERY?

NT PIR REFERRAL FORM (1/2)

THOSE WHO MAY BE ELIGIBLE TO ACCESS PIR *(tick if they apply to your client):*

- have complex needs that require substantial services and supports from multiple agencies;
- have a diagnosed mental illness that is severe in degree and persistent in duration, and are willing to be referred for ongoing clinical treatment;
- require substantial support and assistance to engage with the various services to meet their needs;
- have no existing coordination arrangements in place to assist them to access the necessary services, or where they are in place, those arrangements have not met the breadth of the person's needs and have contributed to the problems experienced by the individual, and are likely to be addressed through acceptance into PIR; and
- consent to being involved, and indicated a willingness to participate, in PIR.

NOTE: NOT ALL INFORMATION IS REQUIRED IF UNAVAILABLE.

PERSONAL DETAILS:

Name: _____ Preferred Name/s: _____

DOB: ____ / ____ / ____ Is this an estimated DOB?: Y / N

Sex: Male Female Other

Address: _____

Suburb: _____ Postcode: _____

No known address: *(please tick)*

Phone: _____ Email: _____

Preferred Language: _____ Interpreter Required: _____

REFERRAL TO: *(name of PIR Organisation/Support Facilitator)*

Select PIR Provider: *(please tick)*

- Barkly - Catholic Care
- Central Australia - MHACA
- Darwin urban and rural, Tiwi Islands - Mission Australia
- East Arnhem - Miwatj
- Katherine and Katherine West - Mission Australia

REFERRING PERSON

Name: _____

Organisation: *(if applicable)* _____

Phone: _____

Email: _____

Provider Number: *(if applicable)* _____

Date: ____ / ____ / ____

REASON FOR REFERRAL TO PIR:



NT Partners in Recovery agencies



An Australian Government Initiative

Northern Territory PHN is the lead agency for NT Partners in Recovery



The person has or appears to have a mental illness that is severe in degree and persistent in duration: Yes No

OTHER NOTES:

No known address: Yes No

Accessing a Clinical Mental Health Service: Yes No

Accessing Home and Community Care Service: Yes No

Is the person aware of the referral: Yes No

OTHER DETAILS eg EXISTING FORMAL OR INFORMAL SUPPORT SERVICES IN PLACE

Please send completed referral form to the nominated PIR Provider on page 1.
If emailing please put 'Partners in Recovery referral' as the subject.
Referrals will be responded to within two working days.

BARKLY
Catholic Care NT
Phone: (08) 8962 3065
Fax: (08) 8962 3070
Email: tennantcreek@catholicarent.org.au

EAST ARNHEM
Miwatj Health
Phone: (08) 8939 1900
Fax: (08) 8987 1670
Email: maherj@miwatj.com.au

CENTRAL AUSTRALIA
MHACA
Phone: (08) 8950 4600
Email: info@mhaca.org.au

KATHERINE AND KATHERINE WEST
Mission Australia
Phone: (08) 8965 1000
Email: katherine@missionaustralia.com.au

DARWIN URBAN AND RURAL, TIWI ISLANDS
Mission Australia
Phone: (08) 8935 0900
Fax: (08) 8932 4596
Email: ntpir@missionaustralia.com.au

