

## **S.T.E.P.S. CHECKLIST AND REFERRAL FORM**

This checklist will help you work out whether there are issues that need to be addressed before your client is ready for open employment. The first section is a list of entry criteria for STEPS. If after completing this list you think that your client is ready for open employment, please complete the referral form and return it to STEPS at:

PO BOX 5260  
West Chatswood 1515

Or fax: (02) 9415 1361

### **STEPS ENTRY CRITERIA**

- Does the client have a diagnosed psychiatric disability?
- Is the client largely free of symptoms?
- Does the client regularly see a mental health worker?
- Is the client ready and motivated to pursue work in open employment?
- Will the client require on-going support once working in open employment?
- Does the client have stable accommodation?
- Is the client able to travel to and from work?
- Is the client free from illicit drug-use or alcohol dependency or receiving treatment for this?

**APPLICANT'S PERSONAL DETAILS**

Name: \_\_\_\_\_

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

How long at this address?    Years \_\_\_\_\_ Months \_\_\_\_\_

If less than 6 months, what was the last address? How long at this address?

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth:         /         /

Telephone Number: \_\_\_\_\_

Gender:         Male / Female

Country of Birth: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Non English Speaking Background:    Yes        No   

Interpreter required:    Yes        No   

**REFERRING AGENCY**

Name of agency: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address (postal):  
\_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

What is the purpose of this referral?  
\_\_\_\_\_

\_\_\_\_\_

What continuing support will be provided by your agency? \_\_\_\_\_

\_\_\_\_\_

What benefits/pension does your client currently receive? \_\_\_\_\_

**PSYCHIATRIC DISABILITY**

Diagnosis: \_\_\_\_\_

Age of onset: \_\_\_\_\_

Date of last acute episode:            /            /

Hospital / Crisis intervention at: \_\_\_\_\_

Main Symptoms experienced: \_\_\_\_\_

\_\_\_\_\_

Is the client's mental state currently stable?    Yes        No   

What are the client's relapse indicators? \_\_\_\_\_

\_\_\_\_\_

What coping strategies does the client use? \_\_\_\_\_

\_\_\_\_\_

What is the client's understanding of their psychiatric disability? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICATION**

Does the applicant take medication?            Yes        No   

<b>MEDICATION</b>	<b>REGIME</b>	<b>SIDE EFFECTS</b>

Is the client compliant with taking his/her medication?

---

Other medication information: \_\_\_\_\_

---

Does the client take responsibility for the management of his/her condition(s)? Please comment: \_\_\_\_\_

---

How often does the client have appointments with you?

---

What type of support does this involve? \_\_\_\_\_

---

Does the applicant have a drug or alcohol dependency that could effect his/her ability to work and live independently or manage the disability? Please give details of drug type and frequency of use. \_\_\_\_\_

---

---

Does the applicant have any other disabilities that require special consideration such as intellectual, sight, hearing, and physical? If yes, please give details.

---

---

---

Are there any stresses in the person's life which are likely to impact upon the client's ability to find and maintain work in open employment?

---

---

---

Does the client have a regular routine or structure? Please describe.

---

---

Does the client have regular commitments?

---

To your knowledge, would the client's family and friends be supportive of his/her decision to pursue work in open employment?

---

---

**OTHER AGENCIES**

**Treating Psychiatrist**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**What other mental health support does the client receive?**

Agency	Contact Name	Telephone	Type of Assistance	Willing to be involved

**EMPLOYMENT**

Does your client know what type of work he/she wants to look for? If so, is this type of work realistic?

\_\_\_\_\_

\_\_\_\_\_

Are you willing to work with the client's employment counsellor with any issues that arise during the search for employment?

\_\_\_\_\_

\_\_\_\_\_

Briefly outline the applicant's employment history and qualification, or attach a resume.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature

Referrer's Signature

\_\_\_\_\_

\_\_\_\_\_

Date referral completed: \_\_\_\_\_