



## Kui Lifestyle Support Program

315 Harcourt Street New Farm, QLD 4305

Ph: 3254 2499 ■ Fax: 3254 2985

Email: [info@kui.com.au](mailto:info@kui.com.au)

Web: [www.arafmiqld.org](http://www.arafmiqld.org)

ABN: 43 336 198 526

# REFERRAL FORM

### What services does Kui Lifestyle Support Program provide:

Kui Lifestyle Support Program is based in New Farm and is a program of Arafmi Queensland Inc. Kui Community Mental Health Support Workers use a recovery and strengths based framework to support people with serious mental health issues to live independently and be contributing members of the community. This is achieved by collaborating with the person to establish and achieve their lifestyle goals and choices.

Support can include practical assistance, informal counselling, skills training, advocacy, referral and liaising with other support services and stakeholders. Kui Lifestyle Support Program services do not include provision of personal care such as showering, toileting, use of hoists or physical transfers or cleaning. The hours of support provided per week will be dependent on the support needs of the individual and availability of funding.

### To be considered for support with Kui the person being referred must meet all of the following eligibility criteria (please tick):

- The person has a serious mental illness or psychiatric disability which results in substantially reduced capacity of the person for communication, social interaction, learning, organising daily activities. Without support the disability would be permanent or likely to be permanent (and may or may not be of a chronic episodic nature).
- The person is aged 18-65
  - The person residential status is one of the following
    - an Australian citizen;
    - a permanent Australian resident;
    - a Temporary Protection Visa holder;
    - a New Zealand citizen who arrived in Australia prior to 26 February 2001; OR
    - a member of a family on a work or study visa sponsored by the Australian Government.
- The person lives in Kui's catchment area of north Brisbane
- The person needs and wants a support service and no other similar service is being accessed
- The person has the capacity to engage with and benefit from support

Arafmi Head Office  
PO Box 248  
New Farm  
QLD 4005  
Ph: 07 3254 1881  
Fax: 07 3254 1736

Jerendine Family Support  
33 Frost Street  
Mt Gravatt East  
QLD 4122  
Ph: 07 3411 2777  
Fax: 07 3411 2795

Coolibah Family Support  
38 East Street  
Lutwyche  
QLD 4030  
Ph: 07 3857 0377  
Fax: 07 3857 0261

Adina Family Support  
61 Jamaica Drive  
Deception Bay  
QLD 4508  
Ph: 07 3293 2538  
Fax: 07 3204 9215

Karinya Family Support  
12 Ferrett Street  
Sadliers Crossing  
Qld 4305  
Ph: 07 3812 3358  
Fax: 07 3812 3492

Date of referral:

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Details of person being referred:

Name:

Address:

Phone:

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Referring Agency:

Contact Person:

Phone:

Email:

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Other Services Involved

Service name	Contact person	phone	What type of service is provided	How often is the service provided

Reason for Referral

What type of support is the person requiring (please tick)

- Lifestyle Support eg assistance with shopping, budgeting etc
- Assistance to access employment and training
- Support to access other services in the community
- Assistance with social activities and interests
- Other

How often would the service be required (weekly, once a fortnight etc.)

Preference of worker

- Male
- Female
- Either

Has consent been obtained from the person for the referral?

- Yes
- No

Signature: \_\_\_\_\_

*Please fax or post completed referral form to the Kui Program Manager*

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