

Waterloo Community Navigator Tool

Connecting people to the right services



The Waterloo Navigator Tool was designed for the Waterloo Human Services Collaborative, which is working to improve access to community support services.

The tool is not designed for people who are in crisis. Please refer to your training notes and directory for crisis numbers.

Our tool is designed to assist Community Services, Government service workers and community organisational authorised volunteers who may not specialise in referrals and casework but still need to connect people with the right services and support through signposting and active linking.

Alternatively, it can be used for residents who want to use the tool independently to describe their support needs before attending a support service.

To get started, follow our questions about General support needs, Housing, social connections, financials, and Health, which aim to obtain only initial and basic overview information as the agency you refer will be better equipped to offer a full assessment.

The tool is intended to be user-friendly so that you can pick and choose the most relevant questions or follow our suggested format to obtain an initial picture of a person's needs.

The information you collect must be confidential and should not be shared with anyone unless the Resident's informed and explicit consent is provided. The tool is complemented with a list of trusted referral services.

If you have any questions about using this tool, or if you are completing this form, please don't hesitate to contact any of the agencies below.

We are always here to help!

Counterpoint Community Services

Support team

info@counterpointcs.org.au

(02) 9698 9569

Mission Australia TPCE

Roopali Sharma

TenantparticipationCE@missionaustralia.com.au

0491147620

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Navigator Details	
Name	
Organisation	
Contact details	

Resident's Full Name			
Address			
Contact (phone)		Email	
Alternative contact			
Date of birth		Gender	Pronoun
Do you identify as Aboriginal or Torres Strait Islander?			
Do you identify as Culturally and Linguistically diverse?		Ancestry	
What is the primary language that you speak at home?			
General	Details		
What support or help are you or your family seeking?			
What support, if any, are you currently receiving? E.G., My Aged Care, NDIS, support worker, family support?			
Do you have any concerns for your or others' safety?			
Do you care for someone else?			
Are there any things you'd like to accomplish in the next six months where support might help you?			

Housing	
What is your current housing situation?	
How satisfied are you with your current housing and living situation?	
Are you living alone or with others?	
Have there been times when you felt unsafe at home?	
Signposting needed	

Social Connections	
What support do you receive from friends or family?	
Do you use technology to connect with others?	
What are some of the activities that you enjoy and or would like to be involved in? E.G., walking, reading, art,	
Signposting needed	

Financial Security	
Are you confident that you are receiving all your correct benefits and entitlements? E.g., Centrelink benefits, concessions cards, and PBS?	
Do you ever have difficulty paying for bills/rent/groceries?	
Are you considering education, employment, or volunteering?	
Signposting needed	

Health	
How is your physical health?	
How is your mental health?	
Do you require any assistance with daily activities? If yes, please describe.	
Signposting needed	

Other	
Is there anything else you would like to get help with or discuss?	
Are there any special considerations you would like us to know before we refer you to another agency? E.g., language barriers, culture, accessibility needs	
Signposting needed	

CONSENT

I give _____ permission to share and exchange information about me with the following organisations to assist in organising the support or referrals that I need. I acknowledge that the navigator has discussed their confidentiality and records-keeping policies and procedures with me.

Organisation	Contact

Please don't share my information with the following agencies:

Client Name _____

Client Signature _____

Navigator Signature _____ **Date**