

Are you referring:

- YES **A parent with children aged 0-25years, please complete all sections**
- YES **A young person or couple without children aged 16-25 years, please complete sections A B D & E**

SECTION A: PERSON MAKING REFERRAL/GIVING INFORMATION

Service Name			Date	
First Name		Surname		
Phone		Email		
How did you hear about our service?				
Is the person below aware you are referring them to our service?				<input type="checkbox"/> YES <input type="checkbox"/> NO
If the person below is under 18 years of age, is the parent/carers aware of this referral?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you aware if the person/family below has an open case with Family & Community Services?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Is feedback required? Preferred method	<input type="checkbox"/> phone	<input type="checkbox"/> email		
				<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION B: PARENT/CARER/YOUNG PERSON #1

Name First		Surname		
Gender		DOB		
Address				
Suburb		Postcode		
Phone 1		Permission to leave message	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Phone 2		Permission to leave message	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Email				
Relationship to child/young person	Does client have a disability?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If so, does client have an NDIS Package?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE	
Ancestry	Does client identify as Aboriginal or Torres Strait Islander?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NEITHER	
Country of birth				
Main language spoken at home	Does client require a translator?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, what language and dialect			

PARENT/CARER/YOUNG PERSON #2

Name First		Surname		
Gender		DOB		
Address				
Suburb		Postcode		
Phone 1		Permission to leave message	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Phone 2		Permission to leave message	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Email				
Relationship to child/young person	Does the client have a disability?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If so, does client have an NDIS Package?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE	
Ancestry	Does client identify as Aboriginal or Torres Strait Islander?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NEITHER	
Country of birth				
Main language spoken at home	Does client require translator?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, what language and dialect			

SECTION C: CHILDREN & YOUNG PERSONS INFORMATION UNDER 25 YEARS

Name:		DOB		Does this child have a disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE
Name		DOB		Does this child have a disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE
Name		DOB		Does this child have a disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE
Name		DOB		Does this child have a disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE
Name		DOB		Does this child have a disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE
Name		DOB		Does this child have a disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE

SECTION D: HOUSE HOLD COMPOSITION

	<input type="checkbox"/> Single (person living alone) <input type="checkbox"/> Group (related adults) <input type="checkbox"/> Single parent with dependant(s) <input type="checkbox"/> Group (unrelated adults)	<input type="checkbox"/> Couple with dependant(s) <input type="checkbox"/> Couple <input type="checkbox"/> Homeless/no household <input type="checkbox"/> Not stated
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SECTION E: PLEASE INCLUDE ANY BACKGROUND INFORMATION TO ASSIST WITH REFERRAL

SECTION E CONTINUED: FACTORS RELATING TO REFERRAL (TICK WHERE APPLICABLE/KNOWN)

<input type="checkbox"/> ATSI	<input type="checkbox"/> CALD	<input type="checkbox"/> Cultural Issues
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Parent Education required	<input type="checkbox"/> Grief & Loss
<input type="checkbox"/> Financial	<input type="checkbox"/> Relationship Issues	<input type="checkbox"/> Family Violence
<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety	<input type="checkbox"/> At risk of Homelessness
<input type="checkbox"/> Employment	<input type="checkbox"/> Social Isolation	<input type="checkbox"/> Education/School Attendance
<input type="checkbox"/> Housing	<input type="checkbox"/> Drug & Alcohol	<input type="checkbox"/> Youth Training
<input type="checkbox"/> Language/literacy problems	<input type="checkbox"/> Life Skills	<input type="checkbox"/> Self Harm
<input type="checkbox"/> Bullying	<input type="checkbox"/> Difficulties with peers	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Court Issues	<input type="checkbox"/> Youth Employment	<input type="checkbox"/> Grandparent Carers
<input type="checkbox"/> Post-separation	<input type="checkbox"/> Previous Suicide Attempts	<input type="checkbox"/> Sole parent
<input type="checkbox"/> Current AVO	<input type="checkbox"/> Children in OOHC	<input type="checkbox"/> Lack of support networks
<input type="checkbox"/> Legal issues	<input type="checkbox"/> Limited parenting skills	<input type="checkbox"/> Other:

PROTECTIVE FACTORS (TICK WHERE APPLICABLE/KNOWN)

<input type="checkbox"/> Stable family environment	<input type="checkbox"/> Secure relationships/attachments	<input type="checkbox"/> Positive school/ work environment
<input type="checkbox"/> Readiness for change	<input type="checkbox"/> Healthy coping strategies	<input type="checkbox"/> Economic security
<input type="checkbox"/> Participation in community	<input type="checkbox"/> Strong support network	<input type="checkbox"/> Positive Communication and social skills
<input type="checkbox"/> Strong spiritual and/or religious identity	<input type="checkbox"/> Strong cultural identity and pride	<input type="checkbox"/> Access to education/services
<input type="checkbox"/> Good physical health	<input type="checkbox"/> Good mental health	<input type="checkbox"/> Housing stability