Family Connect and support Referral

|  |  |  |  |
| --- | --- | --- | --- |
| │Referrer Name: |  | │Phone/Mobile: |  |
| │Referrer Email: |  | │Date of Referral: |  |
| | Referring Agency: |  | │Referral source: | Please Select |
| │Has consent been obtained from the family? | | Yes  No |  |

**Please send completed referral to** [**fcs@southcoastams.org.au**](mailto:fcs@southcoastams.org.au)

## Parent(s) or Primary Carer’s Details

|  |  |  |  |
| --- | --- | --- | --- |
| │Household Composition: | Please Select | │Other: |  |

| Carer 1 (Primary) | | | |
| --- | --- | --- | --- |
| │Name of Primary Carer: |  | │Relationship to Child: | Please Select |
| │Date Of Birth: | Click or tap to enter a date. | │Phone no: |  |
| │Address: |  | │Gender: | Please Select |
| │Language spoken at home: | Please Select | │Indigenous Status: | Please Select |
| │Country of birth: | Please Select | │Interpreter needed? | Please Select |
| │CALD: | Please Select | │Is the client a carer? | Please Select |
| │Disability Status: | Please Select | │Employment Status: | Please Select |
| │NDIS Eligibility: | Please Select | │Health/Disability  Diagnosis: |  |
| │Centrelink income  Support: | Please Select | │Homelessness  Indicator: | Please Select |
| │Highest level of education/qualification: | Please Select | │Previous referral to FCS/FRS: | Please Select |
| │Visa status: | Please Select | | |

| Carer 2 | | | |
| --- | --- | --- | --- |
| │Name of Primary Carer: |  | │Relationship to Child: | Please Select |
| │Date Of Birth: | Click or tap to enter a date. | │Phone no: |  |
| │Address: |  | │Gender: | Please Select |
| │Language spoken at home: | Please Select | │Indigenous Status: | Please Select |
| │Country of birth: | Please Select | │Interpreter needed? | Please Select |
| │CALD: | Please Select | │Is the client a carer? | Please Select |
| │Disability Status: | Please Select | │Employment Status: | Please Select |
| │NDIS Eligibility: | Please Select | │Health/Disability  Diagnosis: |  |
| │Centrelink income  Support: | Please Select | │Homelessness  Indicator: | Please Select |
| │Highest level of education/qualification: | Please Select | │Previous referral to FCS/FRS: | Please Select |
| │Visa status: | Please Select | | |

## Details of Child/ren

| Child Details | | | |
| --- | --- | --- | --- |
| │Child’s Name: |  | │Gender: | Please Select |
| │ Date Of Birth: | Click or tap to enter a date. | │Age: |  |
| │Cultural Identity: | Please Select |  | |
| │Address: |  | | |
| │Child’s school status at enrolment: | Please Select | │Name of school attended: |  |
| │Disability/Health Diagnoses: |  | | |
|  | ***Click + to add another child*** | | |

| Issues impacting the family & the Carers | | | |
| --- | --- | --- | --- |
| │Alcohol or substance misuse/  abuse | Please Select | Details: |  |
| │Culture and identity | Please Select | Details: |  |
| │Domestic and/or family violence | Please Select | Details: |  |
| │Family relationships | Please Select | Details: |  |
| │Legal | Please Select | Details: |  |
| │Parenting | Please Select | Details: |  |
| │Physical and Mental Health | Please Select | Details: |  |
| │Financial stress | Please Select | Details: |  |
| │Poor or inappropriate housing | Please Select | Details: |  |
| │Other issues | Please Select | Details: |  |

| Issues impacting the Child/ren | | | |
| --- | --- | --- | --- |
| │Does child/ren have any  medical issues? | Please Select | Details: |  |
| │Does child/ren have any  mental health issues? | Please Select | Details: |  |
| │Does child/ren have any learning or development issues? | Please Select | Details: |  |
| │Does child/ren have any educational issues? | Please Select | Details: |  |
| │Does child/ren have any behavioural issues? | Please Select | **Details:** |  |

| Is the family connected to their community and culture? |
| --- |
|  |

| Family strength’s- what is working well for the family? |
| --- |
|  |

| Details of current and previous support the family has received |
| --- |
|  |

| Expected outcome of referral |
| --- |
|  |

| Worker Safety Issues | | | |
| --- | --- | --- | --- |
| │Are there any worker safety  issues? | Please Select | Details: |  |

| *Please provide any additional information below* |
| --- |
|  |