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**

## 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* |
| --- |
|       |