Family Connect and support Referral

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| │Child’s Family Status: | Please Select | │Other: |  |

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

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

## Details of Child/ren

| Child 1 (Primary referral) | | | |
| --- | --- | --- | --- |
| │Child’s Name: |  | │Gender: | Please Select |
| │DOB: | Click or tap to enter a date. | │Age: |  |
| │Child’s school status at enrolment: | Please Select | │Cultural Identity: | Please Select |
| │Address: |  | | |

| Child 2 | | | |
| --- | --- | --- | --- |
| │Child’s Name: |  | │Gender: | Please Select |
| │DOB: | Click or tap to enter a date. | │Age: |  |
| │Child’s school status at enrolment: | Please Select | │Cultural Identity: | Please Select |
| │Address: |  | | |

| Child 3 | | | |
| --- | --- | --- | --- |
| │Child’s Name: |  | │Gender: | Please Select |
| │DOB: | Click or tap to enter a date. | │Age: |  |
| │Child’s school status at enrolment: | Please Select | │Cultural Identity: | Please Select |
| │Address: |  | | |

| Issues family may require assistance to address | | | |
| --- | --- | --- | --- |
| │Domestic and/or family violence | Please Select | Details: |  |
| │Alcohol or substance misuse/  abuse | Please Select | Details: |  |
| │Parenting | Please Select | Details: |  |
| │Family relationships | Please Select | Details: |  |
| │Legal | Please Select | Details: |  |
| │Financial stress | Please Select | Details: |  |
| │Poor and inappropriate housing | Please Select | Details: |  |
| │Child has complex or high needs  which impact on the coping skills  and personal resources of the  family or parent(s) | Please Select | Details: |  |
| │Other issues | Please Select | Details: |  |

| Support Needs | | | |
| --- | --- | --- | --- |
| │Does child, or carer have any  medical issues? | Please Select | Details: |  |
| │Does child, or carer have any  mental health issues? | Please Select | Details: |  |
| │Does child, or carer have any  disabilities? | Please Select | Details: |  |
| │Does child have any educational  issues? | Please Select | Details: |  |
| │Does child have any behavioural  issues? | Please Select | **Details:** |  |
| │Is child or carer currently  receiving any financial or other  kinds of support services? | Please Select | **Details:** |  |

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

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

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

| Referral | | | |
| --- | --- | --- | --- |
| │Previous referral to FCS/FRS: | Please Select | │Reason for re-referral: | Please Select |
| *Please provide any additional information below.* | | | |
|  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *OFFICE USE ONLY* |  |  |  |  |
| │Form Received by: |  | │Date: |  |  |
| │Text: |  | | |  |
| │Text: |  | | |  |
|  |  | | |  |