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**

## 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 |
| │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 |
| │ Date Of Birth: | 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 |
| │ 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: |       |

| Child 2 |
| --- |
| │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: |       |

| Child 3 |
| --- |
| │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: |       |

| Issues impacting the family |
| --- |
| │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 or inappropriate housing | Please Select | Details:  |       |
| │Other issues | Please Select | Details:  |       |

| Other areas the family may need support  |
| --- |
| │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 have any learning or development issues?  | Please Select | Details:  |       |
| │Does child have any educational issues? | Please Select | Details:  |       |
| │Does child 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 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: |  |  |
|  |  |  |