

FAMILY PRESERVATION COMMUNITY REFERRAL INTAKE FORM

Referrer Names and Contact Details

Community Referral Source:	_____	Referral Date:	_____
Referrer Details:	_____	Phone/Mobile:	_____
	_____	Email:	_____

| ChildStory No.: _____

| Does the family have an open case with DCJ? ☐ Unknown ☐ Yes ☐ No

If Yes to the above questions, provide the DCJ CSC information:

| CSC location: _____

| CSC contact number: _____

| DCJ Caseworker name: _____

| Has consent been obtained from the family? ☐ Yes ☐ No

Eligibility		
Child or young person aged 0-17 years who is suspected to be at, or determined to be at, risk of significant harm (ROSH) AND E-report completed or report to the Child Protection Helpline (13 21 11)	☐ Yes ☐ No	If 'No', do not make a referral.
Child Protection Helpline Report Number:		
If applicable: have you provided history documents for each child and adult in the home? <i>Note: Carer Act 16A information Exchange obligations</i> https://legislation.nsw.gov.au/view/html/inforce/current/act-1998-157#ch.16A	☐ Yes ☐ No	

Additional Information	Details:	
Is anyone in the home Aboriginal or Torres Strait Islander?	☐ Yes ☐ No	
Is anyone in the family from a culturally or linguistically diverse background?	☐ Yes ☐ No	
Does anyone in the family require an interpreter?	☐ Yes ☐ No	

Additional Information		Details:
Does anyone in the family have additional needs (e.g. disability)?	☐ Yes ☐ No	

Referral Participants and Issues
Referral participants (family members): provide name, gender, cultural background, DOB, primary and secondary residential addresses (if applicable), primary and secondary phone number, language spoken at home, specific needs (interpreter, disability access, religious observance needs).
Concerns and issues: provide all information that led to this referral and any actions taken by you or your colleagues. Particularly note any information relevant to family strengths and vulnerabilities (including domestic and family violence, alcohol or other drug misuse, parental mental health issues, parents with significant learning difficulties or intellectual disability or inadequate supervision) and how these concerns impact the children or young people in this referral.
Family History
Provide a narrative outlining any patterns of parental strengths, concerns, vulnerabilities, risks or previous intervention identified (if known).
Support Network Information
Provide information about any services e.g. NDIS, involved with the family, including service details, contact information and length of involvement/services provided. Also provide any other information about the family's support network such as friends and family, school/day care information etc. (if known).