

REFERRAL FORM

89 Rusden St, Po Box 1214, Armidale, NSW

02 6772 7243

Referral Date:

Persons Referred

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME\*** | **DOB\*** | **GENDER\*** | **INDIGENOUS/**  **CALD\*** | **ADDITIONAL INFORMATION** |
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|  |  |  |  |  |

Main Carer Details

Address\*:

Phone number: Email:

Children Referred

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME\*** | **DOB\*** | **GENDER\*** | **INDIGENOUS/**  **CALD\*** | **ADDITIONAL INFORMATION** |
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Consent given by client to refer\*: YES NO VERBAL SIGN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client consents for DEX to collect personal information from providers for storage on Data Exchange.

Agency making the referral:

Person making the referral:

Email: Phone:

Address:

Will agency continue work with client? YES NO

Program Referral\*

|  |  |  |  |
| --- | --- | --- | --- |
| Armidale | Guyra | Walcha | Uralla |
| Case Management | Supported Playgroups | Parenting programs | HIPPY |
| Children’s Contact Services | | Drought Recovery Program | |

Reason for Referral\*

|  |  |  |
| --- | --- | --- |
| Physical Health | Mental Health | Personal and family safety |
| Age-appropriate development | Community participation & networks | Education and skills training |
| Family Functioning | Money Management | Employment |
| Material Wellbeing | Housing | Other |

Referral background and further information

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Other Services assisting the family:

|  |  |  |
| --- | --- | --- |
| **NAME** | **SERVICE** | **CONTACT** |
|  |  |  |
|  |  |  |
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Legal Matters - AVO, Family Court, Children’s Court, Dept. Communities & Justice

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Additional information – Assessments, Safety plans, Case plans, WHS issues

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Email referral to [referrals@familysupport.org.au](mailto:referrals@familysupport.org.au) for allocation. Allocation meetings are held every Monday. Services will be notified of the outcome of their referral. An asterisk (\*) denotes a mandatory field that must have been answered otherwise the referral cannot be received.