

REFERRAL FORM

89 Rusden St, Po Box 1214, Armidale, NSW

02 6772 7243

Referral Date:

Persons Referred

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

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** |
|  |  |  |
|  |  |  |
|  |  |  |

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 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.