

REFERRAL FORM

Email to: T4K@rasa.org.au | Phone: (08) 8245 8190

Before submitting this referral please ensure:

- The child is aged 0-12 years within the FDV or Homelessness Sector
- You have submitted a H2H referral.
Must select YTH - Child Specific Specialist Counselling Service

FDV & HOMELESSNESS SECTOR REFERRER INFORMATION	
Case Manager's name	
Case Manager's email	
Service name	
Work number	
Mobile number	
Date of referral	
Preferred method of communication	
Expected close date (month) with family	

CHILD/REN INFORMATION	
Referral for child/ren is centered around (Please follow the tick box reasons for referral)	If ticked, you must include details
<input type="checkbox"/> Emotional Distress	
<input type="checkbox"/> Behavioural changes	
<input type="checkbox"/> Difficulty with relationships	
<input type="checkbox"/> Cognitive and academic issues	
<input type="checkbox"/> Physical symptoms	
<input type="checkbox"/> Self-concept and identity issues	
<input type="checkbox"/> Reenactment of trauma	
<input type="checkbox"/> Hyperarousal or hypervigilance	

Referral goal - the parent/ caregiver is wanting T4K support for their child/ren to:	
--	--

CHILD INFORMATION

Name	Date of Birth	Gender	Cultural Identity	Kindy/Childcare/ School

Please tick factors impacting child/ren	If ticked, you must include details
<input type="checkbox"/> Parental stress	
<input type="checkbox"/> Disengaged from school	
<input type="checkbox"/> Health concerns	
<input type="checkbox"/> Social isolation	
<input type="checkbox"/> Limited opportunities	
<input type="checkbox"/> Mental unwellness	
<input type="checkbox"/> Developmental delay/disability/diagnosis	
<input type="checkbox"/> Recent violence experience	

PRIMARY CARER INFORMATION

Relationship to child	<input type="checkbox"/> Mum <input type="checkbox"/> Dad <input type="checkbox"/> Other		
Name			Date of Birth
Phone number			
Cultural identity			
Main language spoken			
Is English a second language?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this person aware of this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Factors impacting parenting (Please tick applicable factors)	<input type="checkbox"/> Family Domestic violence	<input type="checkbox"/> Past	<input type="checkbox"/> Present
	<input type="checkbox"/> Child protection	<input type="checkbox"/> Past	<input type="checkbox"/> Present
	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Past	<input type="checkbox"/> Present
	<input type="checkbox"/> Mediation		
	<input type="checkbox"/> Intervention order/Court orders		
	<input type="checkbox"/> Mental unwellness		
	<input type="checkbox"/> AOD misuse		
	<input type="checkbox"/> Social isolation		
	<input type="checkbox"/> Financial difficulties		
	<input type="checkbox"/> Other (please specify).....		
Family currently residing	<input type="checkbox"/> Motel/emergency accommodation		
	<input type="checkbox"/> Short term rental		
	<input type="checkbox"/> Long term rental		
	<input type="checkbox"/> Other (please specify).....		
If Motel/emergency accomodation is ticked, put the length of stay to date	<input type="checkbox"/> 0-3 months		
	<input type="checkbox"/> 3-6 months		
	<input type="checkbox"/> 6-12 months		
	<input type="checkbox"/> 12+ months		

What are the protective factors for the child/ren? Family strengths? What's been working well?

Please submit to: T4K@rasa.org.au and we will get in touch. Thank you.