

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, <u>you must</u> 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 |
|------|---------------|--------|-------------------|-------------------------|
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Please tick factors impacting **child/ren**

If ticked, **you must** include details

Parental stress

Disengaged from school

Health concerns

Social isolation

Limited opportunities

Mental unwellness

Developmental delay/disability/diagnosis

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | Phone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Family Domestic violence</td> <td style="width: 25%;"><input type="checkbox"/> Past</td> <td style="width: 25%;"><input type="checkbox"/> Present</td> </tr> <tr> <td><input type="checkbox"/> Child protection</td> <td><input type="checkbox"/> Past</td> <td><input type="checkbox"/> Present</td> </tr> <tr> <td><input type="checkbox"/> Homelessness</td> <td><input type="checkbox"/> Past</td> <td><input type="checkbox"/> Present</td> </tr> <tr> <td><input type="checkbox"/> Mediation</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Intervention order/Court orders</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mental unwellness</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> AOD misuse</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Social isolation</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Financial difficulties</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (please specify).....</td> <td></td> <td></td> </tr> </table> | | | <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)..... | | |
| <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.