

**FLEURIEU FAMILIES – REFERRAL FORM**

**Email:** **fleurieufamilies@victor.sa.gov.au**

* **This form is for referral to Fleurieu Families for parents with children 0-18 years of age residing in council districts of Victor Harbor, Yankalilla and Coastal Alexandrina**
* **IMPORTANT! All referrals to Fleurieu Families require consent from the family.**

**Tel: 8551 0500**

**DO NOT FAX**

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| REFERRER DETAILS |
| Consent for referral gained: | Does the referrer consent to this referral? | Y [ ]  N [ ]  |
| Consent for Fleurieu Families to store data: | Fleurieu Families records client information on home data bases as a requirement. This will be discussed further with the client during first home visit.Does the client give consent for their family’s information to be stored on Fleurieu Families client data bases? | Y [ ]  N [ ]  |
| Date of Referral |       |
| Name of Referrer |       |
| Agency |       |
| Postal Address |       |
| Postcode |       | Email |       |
| Landline |       | Mobile |       |
| PRESENTING CLIENT DETAILS (Parent/caregiver) |
| Surname |       |
| First Name |       |
| Preferred Name |       | Gender: Female [ ]  Male [ ]  Self-described [ ]   Client declined/chose not to answer [ ]   |
| Date of Birth (or EDB) |       |  |
| Role in Family (relationship status): |       |
| Is any person Aboriginal or Torres Strait Islander? | Unknown [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  Both [ ]   | Do any clients identify as LGBTIQ+  | Y [ ]  N [ ]  Unknown [ ]  Prefer not to say [ ]  Details:       |
| Address |  |
| Suburb |       | Post Code |       |
| Landline |       | Mobile |       |
| Does client have their own transport? Y [ ]  N [ ]  Unknown [ ]  |
| CONSIDERATIONS – ALERTS, SAFETY, LEGAL ETC. Please note: Fleurieu Families staff do not provide legal advice  |
| (Information in this section can include but not be limited to worker safety concerns, family law needs, orders etc.) |
| Other Additional Information  |
| Does the client have an NDIS care plan? | Y [ ]  N [ ]  Unknown [ ]  | Details:       |
| Does the client have access to stable accommodation? | Y [ ]  N [ ]  Unknown [ ]  | Details:       |
| Does the family belong to a CALD community? | Y [ ]  N [ ]  Unknown [ ]  | Details:       |
| Does the client/any member of the family have any mental health conditions? | Y [ ]  N [ ]  Unknown [ ]  | Details:       |
| Is there current or past family violence for the client? | Y [ ]  N [ ]  Unknown [ ]  | Details:       |

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| **Other Additional Information**  |

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| Parent/Carer/Family | Age | Gender | Date of Birth orEDB | Role in Family (relationship status) | Resides with Client (Y/N) | Contact Details (If different from clients) |
|       |    |    |       |       |    |       |
|       |    |    |       |       |    |       |
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|       |    |    |       |       |    |       |
| Children(s) name | Age | Gender | Date of Birth or EDD | Role in Family  | Resides with Client (Y/N) | Contact Details (If different from clients) |
|        |    |    |       |       |    |       |
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|       |    |    |       |       |    |       |
| Supporting Agency Name(s) | Contact Person | Role and Purpose (Open and Close) | Contact Number |
|       |       |       |       |
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| PRESENTING ISSUES |
| **Current Situation/Incident (reason for referral):***(Outline* ***relevant*** *information for each family member)*      |
| **Other Presenting Themes/Needs:***(Outline relevant information for each family member)*      |
| **Child Protection History/Other Service History:***(Chronology of events for all significant others – outline* ***relevant*** *information for each family member)*           |
| **Aims/ Goals of Service Intervention:***(Further assessment required/ identified service/ safety plan, motivation and readiness etc – outline* ***relevant*** *information for each family member)*      |
| **Referrer comments/recommendations/assessment:**      **Home visit completed Y** [ ]  **N** [ ] **Children sighted Y** [ ]  **N** [ ]  |

**PLEASE FORWARD BY EMAIL TO: fleurieufamilies@victor.sa.gov.au**

**Or POST (marked CONFIDENTIAL) TO:**

**Fleurieu Families**

**C/- City of Victor Harbor**

**PO BOX 11, VICTOR HARBOR SA 5211**