

PLEASE FORWARD BY EMAIL to fleurieufamilies@victor.sa.gov.au
or POST (marked **CONFIDENTIAL**) to:
Fleurieu Families
PO Box 11, Victor Harbor SA 5211

DO NOT FAX

PLEASE GIVE AS MUCH INFORMATION AS POSSIBLE

Referral by: _____ Agency: _____
Phone: _____ Email: _____

Date: _____

CLIENT INFORMATION Important! Do you have client consent for this referral?

Name: _____ DOB: _____

Partner's Name: _____

Address: _____

Phone: (home) _____ (mobile) _____

Does the client or any of their children identify as Aboriginal / Torres Strait Islander? **YES / NO**
Are there any language or social barriers we need to be aware of?

CHILDREN (please include last name if known)

Child 1: _____ DOB: _____

Child 2: _____ DOB: _____

Child 3: _____ DOB: _____

Child 4: _____ DOB: _____

Child 5: _____ DOB: _____

Child 6: _____ DOB: _____

Where do the children live?

OTHER AGENCIES

List any other agencies and the nature of their involvement with any members of the family. Please include your own involvement.

REASON FOR REFERRAL

NB: Fleurieu Families does not provide a crisis response service. Families needing an immediate response from trained professionals need to be referred to the appropriate agency.

SAFETY ISSUES

Is there anything about this client, their home or situation that may impact on the health and safety of our workers?

Has anything happened in the past that has been a risk to the health and safety of anyone working with this client?

OTHER INFORMATION

Are there any current parenting / court orders in place for any members of this family? **YES / NO**
If yes, please give details

Is there anything else you think we should know? For example is there an estranged partner that may impact upon our work with this family?

OFFICE USE ONLY

Date received:

Assigned to:

Action taken:

Information added to Penelope Data Base:

Original referrer contacted: _____

Name: _____ **Signed:** _____ **Date:** _____