Child, Youth & Family Services Program
South Canberra | Woden | Weston Creek | Molonglo Valley

CYFS Family Case Management Referral Form

Personal Details		
Name:	**D.O.B:**	**Gender:**
Phone:		**Is it safe to leave a message:**
Address:		

Primary Referrer's Details	
Referrer's Name:	**Organisation:**
Email address:	**Phone Number:**
Role/relationship to person being referred:	**Referral date:**

Significant Others and Other Household Members			
Name	**Gender**	**DOB (Est Age)**	**Relationship to the Family**

Families, Culture, Communication and Additional Needs	
Aboriginal: Y/N	**Torres Strait Islander: Y/N**
Other, please specify:	
Primary Language:	**Interpreter needed? Y/N**

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Additional Needs or Disability: Y/N	Please Specify:

Why is this referral being made? Presenting issues, services and goals sought.

Other information to assist in referral (eg. Allergies, medical information, risk level, court orders, legal issues, housing situation, income status, violence, safety issues, disability, history of engaging in services).

Other Services Involved with the family			
Organisation	Service Being Provide	Contact Name	Contact Number

Knowledge of and Involvement in Referral Process	
Are the service users aware of the referral?	Y/N
Are the service users interested in receiving case management?	Y/N
Has the service user provided verbal or written consent for this information to be shared?	Y/N

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For any further information, please contact the CYFS Family Case Management Team on 6282 2644. Once completed please return to fcm@wcs.org.au.

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