**CYFS Family Case Management Referral Form**

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

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| **Consent** | |
| 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** |
| **Please note: Consent must be sought from primary client before referring to our program.** |  |

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| **Primary Client Details** | | |
| Name: | D.O.B: | Gender: |
| Phone:  Is it safe to leave a message: **Y/N** | Email address: | |
| Preferred contact method (Please circle): **Text Email Phone Call**  Best days/times to contact: | | |
| Address: | | |

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| **Significant Others and Other Household Members** | | | |
| Name | Gender & DOB | Relationship | School/ Childcare Attended |
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| **Families, Culture, Communication and Additional Needs** | | |
| Aboriginal/ Torres Strait Islander**: Y/N** Please specify: | | |
| Other, please specify: | | |
| Country of Origin: | | Primary language:  Interpreter required: **Y/N** Language: |
| Additional Needs or Disability: **Y/N**  Please specify: | | Medical Conditions**: Y/N**  Please specify: |
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| **Reason for referral/ Presenting Issues/ Background Info** | | |
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| Additional | Information |
| Housing Status | **Public/ Private rental/ Owner with Mortgage** |
| Income type | **Centrelink/ Part Time employment/ Full time employment** |
| Legal Matters/ Court Orders | **Y/N Please specify:** |
| Current CYPS involvement | **Y/N** |
| Safety/ Risk factors: | **Y/N Please Specify:** |

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| **Goals Identified by Primary Client** |
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|  | **Other Services Involved with the family** | | | |
| Organisation | Service Being Provided | Family member being supported | Contact Name | Phone number/Email |
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For any further information, please contact the CYFS Family Case Management Team on

**02 6282 2644**. Once completed please return to **fcm@wcs.org.au**.