



## Referral Form - Family Case Management

The Family Case Management team provides support to families who are experiencing challenges and need some additional assistance. They aim to strengthen the family's skills and capacity so that they can continue to nurture and sustain their own well-being. They can support families in flexible ways, offering short and medium-term family case management to families living within the South Canberra, Woden, Weston and Molonglo regions. All involvement is **voluntary** and requires the family's **active participation**.

Primary Client Details		
Name:	D.O.B:	Gender:
Phone Number: Is it safe to leave a message: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:	
Preferred contact method (Please circle): <input type="checkbox"/> Text <input type="checkbox"/> Call <input type="checkbox"/> Email		
Best days/times to contact:		
Address:		

Referrer's Details	
Referrer's Name:	Organisation:
Email Address:	Phone Number:
Role/relationship to the person being referred:	Referral Date:

Knowledge, Consent and Involvement	
Are the service users aware of the referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the service users interested in receiving case management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the service user provided verbal or written consent for this information to be shared?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please note: Consent must be sought from the primary client before referring to our program.</b>	

Household Members and Significant Others			
Name	Gender & DOB	Relationship	Name of School/ Childcare



Family, Culture, Communication and Needs	
Aboriginal/ Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:	
Other, please specify:	
Country of Origin:	Primary language: Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Needs or Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:	Medical Conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:

Additional Information	
Housing Status	Public Rental <input type="checkbox"/> Private Rental <input type="checkbox"/> Home Owner <input type="checkbox"/>
Income Type	Centrelink <input type="checkbox"/> No Income <input type="checkbox"/> Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/>
Legal Matters/ Court Orders	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:
Current CYPs Involvement	<input type="checkbox"/> Yes <input type="checkbox"/> No Please Specify:
Safety and Risk Factors:	<input type="checkbox"/> Yes <input type="checkbox"/> No Please Specify:
Residency Status	Permanent Resident <input type="checkbox"/> Visa Holder <input type="checkbox"/> Type and Number:

Other Services Involved with the Family				
Organisation	Service Being Provided	Family Member/s being Supported	Contact Name	Phone Number/Email

Reason/s for the Referral
This may include their housing situation, income status, parenting, legal/court issues, unemployment etc.



**Goals and Outcomes**

This may include parenting support, service navigation, advocacy etc.

**Family's Strengths and Challenges**

This may include (historical and current) hobbies, interests, successes, interventions etc.

**Other information relevant to the Family and the referral**

Please include family situation/relationship, medical information, risk level, violence, safety issues etc.

If you have any questions or require further information, please contact the Family Case Management Team on **6282 2644**.

**Please email the completed referral form to [fc@wcs.org.au](mailto:fc@wcs.org.au)**