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| **Referrer Details** |
| **Referral to:** | [ ]  Aboriginal Family Led Decision Making[ ]  Alcohol and Other Drugs[ ]  Bushfire Recovery – Wangaratta[ ]  Bushfire Recovery – Wodonga[ ]  Cultural Support Planning [ ]  Family Violence/Homelessness | [ ]  HACC/CHSP[ ]  Health Promotion and Chronic Care[ ]  Koori Families as First Educators[ ]  Koori Maternity Service[ ]  Koori Preschool Assistant [ ]  Local Justice[ ]  Social Emotional Wellbeing – Wangaratta | [ ]  Social Emotional Wellbeing – Wodonga[ ]  Youth Justice |
| **Referral type:** | Choose an item. |
| **Have you sought permission and consent from the participant/client to discuss their personal information with us?** | [ ]  **Yes**[ ]  **No** |
| **Date Referral Submitted:** | Click or tap to enter a date. | **Referrers Name:** |  |
| **Referrer’s Organisation:**  |  | **Referrers Phone No:** |  |
| **Program (if internal):** | Choose an item. | **Role of Referrer:** |  |
| **Client Details** |
| **Name:** |  | **D.O.B:** |  |
| **Address:** |  | **Gender:** | Choose an item. |
| **Contact Number:** |  | **Pronouns:**(she/they/he) | Choose an item. |
| **Email:** |  |
| **It is safest to:** | [ ]  **Phone** [ ]  **Email** [ ]  **Leave message** [ ]  **Other** | **Details:** |
| **Communication:**(e.g. do they need an advocate, hearing impairment, literacy support etc.) | [ ]  **Yes**[ ]  **No** [ ]  **Unknown** | **Details:** |
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| **Disability:**(Mobility concerns, NDIS funded etc.) | [ ]  **Yes**[ ]  **No**  | **Details:** |
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| **MyAgedCare** | [ ]  **Yes**[ ]  **No** | **Details:** |
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| **Emergency contact** |
| **Name:** |  | **Contact number:** |  | **Relationship:** | Choose an item. |
| **Other Services Involved**  |
| **Name:** | **Organisation:** | **Service Provided:** | **Contact Details:** |
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| **Cultural Information** |
| **Place of Birth:** |   |
|  | City, State, Country |
| **Cultural Identity:**  | [ ]  Aboriginal   | [ ]  Torres Strait Islander  | [ ]  Both  | [ ]  Neither |
| **Language Spoken:** |  |
| **Interpreter required?** | [ ]  Yes [ ]  No If **yes** please state which language:  |
| **Tribe/Mob Identified:** |  |
| **Is this person connected to their local Aboriginal Community?** | [ ]  Yes [ ]  No | **Details:** |
|  |
|  |
| **Children and Family Support Circle** |
| **Name** | **D.O.B** | **Relationship** | **Address** | **Cultural Identity** | **Contact Details** |
|  |  | Choose an item. |  |  |  |
|  |  | Choose an item. |  |  |  |
|  |  | Choose an item. |  |  |  |
|  |  | Choose an item. |  |  |  |
|  |  | Choose an item. |  |  |  |
| **Court Orders** |
| **Order** | **Date Order Granted** | **Expiry Date of Order** | **Not Applicable** |
| **IVO:** |  |  | [ ]  N/A |
| **Child Protection Order:** |  |  | [ ]  N/A |
| **Family Law:** |  |  | [ ]  N/A |
| **Other legal matters:** | **Details:** | [ ]  N/A |
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| **Safety Information**(Please provide details of issues if applicable in comment boxes and attached any MARAM and Safety Plans) |
| **Safety** (e.g. behaviour, worker safety, etc.) | [ ]  **Yes**[ ]  **No** [ ]  **Unknown** | **Details:** |
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| **How and when should we contact client?** (e.g. time, day, locations, phone, email or mail) | **Details:** |
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| **Provide details of the client’s current level of safety:** | **Details:** |
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| **Has a risk assessment plan been completed such as MARAM?** | [ ]  **Yes**[ ]  **No** [ ]  **Unknown** | **Details:** |
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| **Does the client have a safety plan in place and when it was written?** | [ ]  **Yes**[ ]  **No** [ ]  **Unknown** | **Details:** |
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| **Provide the client’s protective behaviours:** (what kind of strategies have they put in place? I.e. support networks etc.) | **Details:** |
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|  |
| **Provide details to support us in working with the client:** | **Details:** |
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| **Support required for housing?** (homeless, living with others etc.) | [ ]  **Yes**[ ]  **No** [ ]  **Unknown** | **Details:** |
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| **Identified Mental Health and Wellbeing concerns?** | [ ]  **Yes**[ ]  **No** [ ]  **Unknown** | **Details:** |
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|  |
| **Alcohol and Other Drug concerns?** | [ ]  **Yes**[ ]  **No** [ ]  **Unknown** | **Details:** |
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| **Reason for Referral***Please list any co-existing needs or additional information* |
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