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| * + 1. **Referrer details**
 |
| **Protected Identity:** | The Children, Youth and Families Act 2005, allows for the identity of a referrer to Anglicare Victoria to be protected from being known to the family. In order to engage families, we prefer to be open with families regarding their support needs and that wherever possible referrers to discuss making a referral with the family. Does the referrer consent to their identity being disclosed to the client, as the person who made the referral? | [ ]  YES [ ]  NO |
| **Referral Information:** |   |
| **Date of Referral:** |  |
| **Name of Referrer:**  |  | **Position:** |  |
| **Agency:** |  |
| **Postal Address:** |  | **Postcode**: |  |
| **Email:** |  |
| **Work phone:** |  | **Mobile:** |  |

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| * + 1. **Young person details**
 |
| **First name:** |  | **Surname:** |  |
| **Date of Birth** |  | **Age:** |  |
| **Gender:** | Select | **Does the YP identify as LGBTIQ+?** | Choose an item. |
| **Mobile number** |  | **Home Phone:** |  |
| **Home address:** |  | **Postcode:** |  |
| **Cultural Identity:** | Select | **Country of Birth** |  |
| **Main language spoken at home:** |  | **Is an interpreter required?** | [ ]  YES [x]  NO |
| **Disability:**  | [ ]  YES [ ]  NO  | *Details of disability*  |  |
| **Advocate**:*If yes, please provide a name and contact* | [ ]  YES [ ]  NO | **Name, phone and email of advocate** |  |
| **Communication level** | Choose an item.  | **Written level** | Choose an item. |
| **Support strategies if either are low:** |  |
| **Court orders:***If yes, please provide details.* | Choose an item. | **Details:**  |  |
| **Is the young person using family violence?** If yes, please provide details | [ ]  YES [ ]  NO |
| Details: |

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| **Primary care giver’s details** (Mother /Father /Grandparent / Foster Carer) |
| **First Name:** |  | **Surname** |  |
| **Contact number:** |  | **Email:** |  |
| **Is it safe to text/ call this person?** | [ ]  YES [ ]  NO | **Is it safe to email this person?** | [ ]  YES [ ]  NO |
| **Address:** |  | **Does this caregiver live with the YP?** | Choose an item. |
| **Date of Birth** |  | **Gender:** | **Select** |
| **Country of Birth** |  | **Cultural Identity:** | **Select** |
| **Disability:** If yes, what? | [ ]  YES [ ]  NO  | *Details of disability* |
| **Disability Advocate**: | [ ]  YES [ ]  NO  | **Contact Details:** (Name, phone number, email) |  |
| **Communication level** | Choose an item.  | **Written level** | Choose an item.  |
| **Other care giver’s details** (Mother /Father /Grandparent / Foster Carer) |
| **First Name:** |  | **Surname** |  |
| **Contact number:** |  | **Email:** |  |
| **Is it safe to text/ call this person?** | [ ]  YES [ ]  NO | **Is it safe to email this person?** | [ ]  YES [ ]  NO |
| **Address:** |  | **Does this caregiver live with the YP?** | Choose an item. |
| **Date of Birth** |  | **Gender:** | **Select** |
| **Country of Birth** |  | **Cultural Identity:** | **Select** |
| **Disability:** If yes, what? | [ ]  YES [ ]  NO  | *Details of disability:*  |
| **Disability Advocate**: | [ ]  YES [ ]  NO  | **Contact Details:** (Name, phone number, email) |  |
| **Communication level** | Choose an item.  | **Written level** | Choose an item.  |

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| **Sibling Details** |
| **Name** | **Gender**  | **Age**  | **DOB** | **Indigenous/ cultural status** | **Resides with YP?****(addresses)** | **Parent 1** | **Parent 2** | **Disability****(Y/N)** |
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| Are there significant child wellbeing concerns? [ ]  YES [ ]  NO [ ]  Unknown |

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| **Service Agreement** |
| Was consent given to make this referral? | [ ]  YES [ ]  NO [ ]  Unknown  |
| Is the young person’s family willing to engage with a support service? | [ ]  YES [ ]  NO [ ]  Unknown |
| Has the family had previous service involvement?ie. Specialist Family Violence, Men’s Services or Family Services involvement. | [ ]  YES [ ]  NO [ ]  Unknown | Details: |
| **Alerts/ Legal considerations:**  |
| Details:  |

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| **PROFESSIONAL NETWORK / CARE TEAM** |
| **Agency Name** | **Contact person** | **Role & Purpose** | **Contact number** | **Email address** | **Date of first contact** | **Length of engagement**  |
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| **Cultural safety -** ABORIGINAL & TORRES STRAIT ISLANDER IDENTIFICATION |
| Does the client or any immediate family member/s identify as Aboriginal or Torres Strait Islander:**Select** |
| Do you know where your mob is from? | [ ]  YES [ ]  NO [ ]  Unknown | Please provide details: |
| Has the client / family engaged Aboriginal services before – past or current.  | [ ]  YES [ ]  NO [ ]  Unknown |
| Does the client / family wish to engage with Aboriginal specific support services? | [ ]  YES [ ]  NO [ ]  Unknown |
|  |
| **SPIRITUAL/RELIGIOUS CONSIDERATIONS \*Please complete where applicable** |
| Does the client / family identify with any particular religion? | [ ]  YES [ ]  NO [ ]  Unknown |
| Please provide details:  |  |
| If yes, are there any needs/considerations the family would like us to be aware of in our contact with their family? | [ ]  YES [ ]  NO  | Details: |

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| **PRESENTING ISSUES** |
| **Current Situation/Incident (Reason for referral):** *(Outline relevant information for each family member)* |
| **Young person’s strengths:**  |
| **Other Presenting Themes / Needs:** *(Outline relevant information for each family member)* |
| **Aims/ Goals of Service Intervention:** *(Further assessment required/ identified service/ safety plan, motivation and readiness etc – outline relevant information for each family member)* |

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| **Attached documents from referrer (external referrer documents only):** |
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| **Family Violence Report (L17) /NarrativeY** [ ]  **N** [ ]  | **GenogramY** [ ]  **N** [ ]  | **Risk Assessment(s)****Y** [ ]  **N** [ ]  | **Wellbeing assessment(s)****Y** [ ]  **N** [ ]  |
| **Safety Plan****Y** [ ]  **N** [ ]  | **Child Protection Intake Record****Y ☐ N ☐** | **Victoria Police Referral****Y ☐ N ☐** | **Other:** |

 |
| ***Office use only:*** |
| *Date received:* |  |
| *Referral approved:* | [ ]  YES [ ]  NO [ ]  further details required. |
| *Supervisor signature:* |  |
| *Worker assigned:* |  |