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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  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):** | |
| |  |  |  |  | | --- | --- | --- | --- | | **Family Violence Report (L17) /Narrative Y  N** | **Genogram Y  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:* |  |