***FAMILY CONNECT AND SUPPORT (FCS) REFERRAL FORM***

|  |  |  |
| --- | --- | --- |
| **Date of Referral** Click or tap to enter a date. |  | **Region of Referral** Choose an item. |

***\* Family has child under 18 residing in the home, no DCJ involvement and no current case management*** *Choose an item.****\* Consent provided by family for referral (needed for all referrals other than CWU or DCJ)*** *Choose an item.*

**Details of Primary Parent or Carer**

|  |  |  |
| --- | --- | --- |
| **Full Name** Click or tap here to enter text.  **Street Address** Click or tap here to enter text.  **Suburb/Postcode** Click or tap here to enter text.  **Local Govt Area** Choose an item.  **Date of Birth** Click or tap here to enter text.  **Phone** Click or tap here to enter text.  **Email** Click or tap here to enter text.  **Preferred Method of Contact** Choose an item. |  | **Relationship to Child** Choose an item.  **Family Structure**  Choose an item.  **Employment Status** Choose an item. **Education**  Choose an item.  **Country of Birth** Click or tap here to enter text.  **Identify As** Choose an item.  **Prefer Indigenous Worker** Choose an item.  **Disability** Click or tap here to enter text. |

**Details of Secondary Parent or Carer**

|  |  |  |
| --- | --- | --- |
| **Full Name** Click or tap here to enter text.  **Street Address** Click or tap here to enter text.  **Suburb/Postcode** Click or tap here to enter text.  **Date of Birth** Click or tap here to enter text. **Phone** Click or tap here to enter text. |  | **Relationship** Choose an item. **Employment Status** Choose an item. **Country of Birth** Click or tap here to enter text.  **Identify As** Choose an item.  **Disability** Click or tap here to enter text. |

**Details of Children (under 18)**

|  |  |  |
| --- | --- | --- |
| **1. Full Name** Click or tap here to enter text.  **Date of Birth** Click or tap here to enter text.  **Gender** Choose an item.  **Diagnosis** Click or tap here to enter text. |  | **Address** Choose an item.  **Country of Birth** Click or tap here to enter text.  **Identify As** Choose an item.  **Disability** Click or tap here to enter text. |
| **2. Full Name** Click or tap here to enter text.  **Date of Birth** Click or tap here to enter text.  **Gender** Choose an item.  **Diagnosis** Click or tap here to enter text. |  | **Address** Choose an item.  **Country of Birth** Click or tap here to enter text.  **Identify As** Choose an item.  **Disability** Click or tap here to enter text. |
| **3. Full Name** Click or tap here to enter text.  **Date of Birth** Click or tap here to enter text.  **Gender** Choose an item.  **Diagnosis** Click or tap here to enter text. |  | **Address** Choose an item.  **Country of Birth** Click or tap here to enter text.  **Identify As** Choose an item.  **Disability** Click or tap here to enter text. |
| **4. Full Name** Click or tap here to enter text.  **Date of Birth** Click or tap here to enter text.  **Gender** Choose an item.  **Diagnosis** Click or tap here to enter text. |  | **Address** Choose an item.  **Country of Birth** Click or tap here to enter text.  **Identify As** Choose an item.  **Disability** Click or tap here to enter text. |

**Additional Children (Name and DOB)** Click or tap here to enter text.

**Safety and Violence** *\* please note if not an issue or unknown*

*Past or current DV, self-harm, sexual/physical/psychological/financial, neglect, police inv, AVO’s, court dates*

Click or tap here to enter text.

**Physical and Mental Health** *\* please note if not an issue or unknown*

*Physical or MH diagnoses, disabilities, NDIS, medications, treated/untreated, health issues, AOD, suicidality*

Click or tap here to enter text.

**Housing and Financial** *\* please note if not an issue or unknown*

*Housing/homelessness, Centrelink status, employment, debts, food, clothing, bills, furniture*

Click or tap here to enter text.

**Family and Children** *\* please note if not an issue or unknown*

*Family relationships, conflict, family breakdown, mediation/legal, behaviour issues, parenting, pregnancy/newborn*

Click or tap here to enter text.

**Other Services and Supports** *\* please note if not an issue or unknown*

*Current and past service involvement, support from church, family or friends – highly supported or isolated*?  
Click or tap here to enter text.

**Additional Information**

|  |  |  |
| --- | --- | --- |
| **MRG Outcome** Choose an item.  **Child Protection Concerns** Choose an item. |  | **DVSAT Outcome** Choose an item. ***Intake only*** *Choose an item.* |

**Referrer Details**

|  |  |  |
| --- | --- | --- |
| **Referrers Name** Click or tap here to enter text.  **Organisation** Click or tap here to enter text.  **Role** Click or tap here to enter text. |  | **Phone** Click or tap here to enter text.  **Email** Click or tap here to enter text. **Feedback Preferences** Choose an item. |

***Please email completed form to*** [***familyconnectandsupport@benevolent.org.au***](mailto:familyconnectandsupport@benevolent.org.au)