|  |  |  |  |
| --- | --- | --- | --- |
| Helping families access supports | | | |
| **Far North Coast Family Connect and Support Referral Form** | | | |
| **Due to FCS funding guidelines we cannot accept referrals for families who have  an open case with the NSW Department of Communities and Justice (DCJ)** | | | |
| **Referrer’s details** | | | |
|  | | | |
| **Organisation:** |  | **Date:** |  |
|  |  |  |  |
| **Worker’s name:** |  | **Position:** |  |
|  |  |  |  |
| **Phone:** |  | **Email:** |  |

Client consent for referral obtained? Yes  No

**Client consent is preferred, however Mandatory Reporters can make referrals without consent.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client’s details** | | | | | | | | | |
|  | | | | | | | | | |
| **Name:** | | | | | | | | | |
| **Carer/ Parent** |  | **Carer/  Parent** |  | | | **Other/  Carer** |  | | |
|  |  |  |  | | |  | |  | |
| **DOB:** | | | | | | | | | |
| **Carer/ Parent** |  | **Carer/  Parent** |  | | | **Other/  Carer** |  | | |
|  |  |  |  | | |  |  | | |
| **Phone/mobile:** | | | | | | | | | |
| **Carer/ Parent** |  | **Carer/  Parent** |  | | | **Other/  Carer** |  | | |
|  |  |  |  | | |  |  | | |
| **Email:** | | | | | | | | | |
| **Carer/ Parent** |  | **Carer/  Parent** |  | | | **Other/  Carer** |  | | |
|  |  |  | |  | |  |  | | |
| **Address of family:** |  | | | **Who are the**  **children**  **residing with:** |  | | | | |
|  |  |  | |  | |  | | |  |

On which telephone number may we leave a message:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home | Work |  | Mobile | None  Preferred to day/time to make contact |  |

p

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Children’s name** | | | |  | **Gender** | |  | **Children’s DOB** | | | |
|  |  | | |  |  | |  |  | | | |
| 1 |  | | |  |  | |  |  | | | |
|  |  | | |  |  | |  |  | | | |
| 2 |  | | |  |  | |  |  | | | |
|  |  | | |  |  | |  |  | | | |
| 3 |  | | |  |  | |  |  | | | |
|  |  | | |  |  | |  |  | | | |
| 4 |  | | |  |  | |  |  | | | |
|  |  | | |  |  | |  |  | | | |
| 5 |  | | |  |  | |  |  | | | |
|  |  | | |  |  | |  |  | | | |
| 6 |  | | |  |  | |  |  | | | |
|  |  | | |  |  | |  |  | | | |
| **Does the family identify as Aboriginal/Torres Strait Islander?** | | | | | | | | | Yes | | No |  |
| **Is the family from a CALD background?** | | Yes | Please specify | | |  | | | |  | No | |

**Service requested:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Family work | |  | Domestic violence |  | Parenting education |  |
| Housing | |  | Youth services |  | Outreach service |  |
| Health/disability | |  | Financial service |  | Legal service |  |
|  | | |  | |  | |
| Other |  | | | | | |

|  |
| --- |
| **Please provide as much detail as possible** |
|  |
| **Current identified issues:** |
|  |
| **Expected outcomes:** |
|  |
| **Details of services the client is or has previously worked with:** |
|  |