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| 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 |  |

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| --- | --- | --- | --- | --- |
| **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:** |
|       |