

OTHER INFORMATION

Country of Birth: Aboriginal or Torres Strait Islander: Yes No

Main Language Spoken: Is an Interpreter Required? Yes No

Household Tenure (Rent/ Mortgage):

Other Support Available to Family:

Other Services Currently Involved:

Current Case Plan:

Are any AVO's in Place (Please provide details)?

Are any Legal or Family Law Orders in Place (Please provide details)?

WH&S Concerns (Please provide details if the Referrer is aware of any WH&S risks):

What are the family's current protective factors and/ or strengths?

Is anyone in your family currently engaged with a Psychologist, Psychiatrist or Counsellor? If yes, please list who:

Do you have a NSW State Debt? Yes No

| FAMILY ISSUES | YES | COMMENTS - (Use Additional Notes Section If Needed) |
|-------------------------------|--------------------------|--|
| Domestic Violence: | <input type="checkbox"/> | |
| Mental Health - Adult: | <input type="checkbox"/> | |
| Mental Health - Child: | <input type="checkbox"/> | |
| Physical Health - Adult: | <input type="checkbox"/> | |
| Physical Health - Child: | <input type="checkbox"/> | |
| Developmental Delays - Child: | <input type="checkbox"/> | |
| Developmental Delays - Adult: | <input type="checkbox"/> | |
| Child Abuse/ Neglect: | <input type="checkbox"/> | |
| Behaviour Issues: | <input type="checkbox"/> | |
| Financial Difficulty: | <input type="checkbox"/> | |
| School/ Educational: | <input type="checkbox"/> | |
| Housing/ Homelessness: | <input type="checkbox"/> | |
| Household Management: | <input type="checkbox"/> | |
| Isolation: | <input type="checkbox"/> | |
| Loss/ Grief: | <input type="checkbox"/> | |
| Parenting Related: | <input type="checkbox"/> | |
| Substance Abuse: | <input type="checkbox"/> | |
| SERVICES REQUESTED | YES | COMMENTS - (Use Additional Notes Section If Needed) |
| Safety Information & Support: | <input type="checkbox"/> | |
| Case Management: | <input type="checkbox"/> | |
| Other: | <input type="checkbox"/> | |

ADDITIONAL NOTES SECTION

Empty space for additional notes.

FOR FSA USE ONLY

Date Received:

Accepted:

Declined:

Pending:

Client ID:

Open Access Primary Client Number:

FS Unique ID:

Open Access Partner Client Number:

Prior FS Unique ID:

Funding Source:

Privacy Statement:

We value your personal and private information and strive to protect it. In the collection, handling and storage of personal information, Family Services Australia complies with the legislative requirements of the Commonwealth and NSW Governments related to the protection of privacy and personal information.

Please save a copy of this Referral to your computer and complete. Email your completed Referral PDF to Family Services Australia at email referrals@familyservices.org.au

Phone 1800 372 000 Option 3 (1800 FSA 000) for any enquiries.

April 2022