

Referral Form- Page 1

DATE: _____

PERSON TAKING REFERRAL: _____



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your family, our community

FAMILY MEMBERS						
Name (Given and Family)	Gender *	Role**	Aboriginal Yes/No	TSI Yes/No	Cultural Background	DOB or Unknown

*Gender: Female, Male, Intersex, Non-Binary, prefer not to say or unknown

** Role could be parent, step-parent, child, kinship carer, community carer, grandparent, single person, other or unknown

Family members living in the home:

Tick if extra people will be involved in the work and attach an additional table of details.

Emergency Contact (name, relationship and phone):

Would you like the Aboriginal Cultural Liason Worker to be present at the initial meeting?

ADDRESS: POSTCODE:

PHONE: EMAIL:

Is an Interpreter needed (Y/N): If yes give details:

Previous Client? (Y/N): Previous name/s:

Do you or anyone in the home have a disability?:

- [] Intellectual learning disability [] Psychiatric disability [] Sensory/speech disability
 [] Physical/diverse disability [] Other disabilities [] No disabilities
 [] I prefer not to say

Do you have the use of a car? (Y/N):

What is your main source of income? (please tick only one box)

Centrelink benefit	
Income from wages or business	
Private savings	
Income from family or friends	
Other	

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What are your current accommodation arrangements? (please tick only one box)

DoH or community housing

Renting in private market

Homeless

Own or buying the property

Other (please describe)

REFERRER DETAILS

Self referral? (Y/N): If self referral - how did you hear about FSN?:

Referrer organisation: Client aware of the referral? (Y/N):

Contact person: Phone:

Email address:

REASON/S FOR REFERRAL

- Physical Wellbeing
- Mental Wellbeing/Health
- Personal or Family Safety
Including Domestic & Family Violence
- Age Appropriate Development
- Community Participation
- Family Functioning
- Money Management
- Material Wellbeing
- Housing
- Education or Employment

Which one of the above reasons is the main reason:

EVENT TRIGGERING REFERRAL

If Domestic and Family Violence, have you done a DVSA assessment? (Y/N): Score:

Person using Violence details (name, DOB, Address if known)?

Is there an ADVO? (Y/N): Conditions/ Expiry date:

Any upcoming court dates: Family Law court?:

Is it safe to leave a message? Is person using violence in custody?:

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ACCESSIBILITY CONSIDERATIONS

ie: cultural or language issues, disability, mental or physical illness

CHILD PROTECTION CONCERNS

Is the referrer aware of reports to Community Services of children from this family? (Y/N):

If yes give details

REFERRING AGENCY'S INVOLVEMENT

Will the referrer have on-going involvement with the family? (Y/N):

If yes, what do they see as their ongoing role?:

Would the referrer like to know the outcome of the referral (Y/N):

Is the family aware of everything that the referrer has disclosed in making the referral? (Y/N):

If no, give details of what the family is not aware of and what the referrer would like the family worker to consider in relation to this information

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OTHER AGENCIES INVOLVED WITH THE FAMILY

NAME and contact details	Current?

WORKER SAFETY

Are there any issues with this family that would affect worker safety? (Y/N)

If yes please give details

ie: substance misuse, history of violence or threatening behaviour, verbal/physical aggression, pets, relevant court orders

ANY OTHER RELEVANT INFORMATION

Once completed please email to reception@nfss.org.au

Feel free to contact us on 02 4926 3577 with any questions you have.