

REFERRAL FORM 1/4 – ABOUT MY FAMILY



- Eligibility criteria met
- Family agrees to be engaged in KEYS



ABOUT MY FAMILY

Parent / Carer / Guardian *(please circle)*

Role in the family _____

First name _____ Last name _____

Gender F / M / Other Date of birth _____

Do you identify as Aboriginal and/or Torres Strait Islander?

- Aboriginal Torres Strait Islander
- Aboriginal and Torres Strait Islander Prefer not to say No

Cultural identity _____

Language spoken at home _____ Needs an interpreter

Contact details

Contact phone _____

Email _____

Send a copy of this form to the email address above

Address _____

Suburb _____ State _____ Postcode _____

Parent / Carer / Guardian *(please circle)*

Role in the family _____

First name _____ Last name _____

Gender F / M / Other Date of birth _____

Do you identify as Aboriginal and/or Torres Strait Islander?

- Aboriginal Torres Strait Islander
- Aboriginal and Torres Strait Islander Prefer not to say No

Cultural identity _____

Language spoken at home _____ Needs an interpreter

Contact details

Contact phone _____

Email _____

Send a copy of this form to the email address above

Address _____

Suburb _____ State _____ Postcode _____

Pregnancy

Currently Pregnant Yes No

Child 1:

First name _____ Last name _____

Gender F / M / Other Date of birth _____

Do they identify as Aboriginal and/or Torres Strait Islander?

- Aboriginal Torres Strait Islander
- Aboriginal and Torres Strait Islander Prefer not to say No

Cultural identity _____

Name of school/childcare _____

Child 2:

First name _____ Last name _____

Gender F / M / Other Date of birth _____

Do they identify as Aboriginal and/or Torres Strait Islander?

- Aboriginal Torres Strait Islander
- Aboriginal and Torres Strait Islander Prefer not to say No

Cultural identity _____

Name of school/childcare _____

Child 3:

First name _____ Last name _____

Gender F / M / Other Date of birth _____

Do they identify as Aboriginal and/or Torres Strait Islander?

- Aboriginal Torres Strait Islander
- Aboriginal and Torres Strait Islander Prefer not to say No

Cultural identity _____

Name of school/childcare _____

Further adults and/or children on following page (Attach additional form if needed.)



FAMILY NEEDS

Our family needs help with...

We are looking for...

We are struggling with.....

Advocate's comments



FAMILY STRENGTHS

Our family is great at...

We enjoy....

We can...

Advocate's comments



FAMILY'S CURRENT SUPPORT AND SERVICES

Support or service 1:

Provided to (Name): _____

What is the support or service?

Who is the provider? What are their contact details?

Support or service 4:

Provided to (Name): _____

What is the support or service?

Who is the provider? What are their contact details?

Support or service 2:

Provided to (Name)_____

What is the support or service?

Who is the provider? What are their contact details?

Support or service 5:

Provided to (Name): _____

What is the support or service?

Who is the provider? What are their contact details?

Support or service 3:

Provided to (Name) : _____

What is the support or service?

Who is the provider? What are their contact details?

Support or service 6:

Provided to (Name): _____

What is the support or service?

Who is the provider? What are their contact details?

ADVOCATE PROFILE

Organisation _____

Role _____

First name _____ Last name _____

Contact details

Office phone _____

Mobile _____

Email _____

Best time and day(s) to contact you _____

Do you have capacity to be a Lead Service Provider (LSP)?

Yes No I want to know more

Referral Criteria (must meet all criteria)

1. Live in the Western Sydney Local Health District
2. Currently pregnant and/or have children in their care 0-5 years inclusive
3. Not engaged in appropriate services that would be required to meet their needs, or requires a multiagency response
4. Have one or more of the vulnerability indicators

Vulnerability indicators (for parent or child) *Please complete as able*

- Young parent under 25
- Homeless/Housing instability
- Substance use or smoking in pregnancy
- Involvement in out of home care (OOHC)
- Domestic and Family Violence
- Past experience of trauma
- Poor physical and/or mental health
- Not enrolled in school (compulsory school age)
- Multiple changes of schools – outside normal transition phases
- Involvement with criminal justice system
- Limited appropriate social networks and connections and /or limited family supports
- Socioeconomic disadvantage impacting on access to appropriate services
- Refugee/asylum seeker
- Concern regarding child safety/wellbeing

Other comments