

Eligibility

For family referrals:

- Have a child in their care aged 0 to 18 (including expectant parents)
- Require support with a parenting issue (eg: behaviour, attachment, emotional regulation)
- Priority to families in West Lake Macquarie

For youth referrals:

- Residing in West Lake Macquarie
- Under 25 years

Date of referral: Click or tap to enter a date.

Part 1 - Referrer Details

Referring Agency: Click or tap here to enter text.

Referrer Name: Click or tap here to enter text.

Position Title: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Are there any known home visiting/child protection safety issues? Click or tap here to enter text.

Have the family consented to this referral?

Will this agency continue to work with the family?

If yes in what capacity? Click or tap here to enter text.

Part 2 - Primary Client

Note: This is either the primary caregiver for a parenting referral or the young person needing case management support.

Name: Click or tap here to enter text.

DOB and age: Click or tap here to enter text.

Preferred Pronoun: Click or tap here to enter text.

Gender: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email: Click or tap here to enter text.

Aboriginal:

Torres Strait Islander:

Country of Birth: Click or tap here to enter text.

Main language spoken: Click or tap here to enter text.

Interpreter required?

List any disability, impairment or condition: Click or tap here to enter text.

Are the family homeless?

Or at risk of homelessness?

If the primary client is under 18 please list name of legal guardian: Click or tap here to enter text.

Preferred method of contact: Text Phone Email

Available Days/Times for appointments: Click or tap here to enter text.

Part 3 - Other Family Members (Please list anyone living in the same house as the primary client).					
Name	Relationship to Primary Client	DOB and age	First Nation	Disability	School (if applicable)
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Y, N or both	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Y, N or both	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Y, N or both	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Y, N or both	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Y, N or both	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Y, N or both	Click or tap here to enter text.	Click or tap here to enter text.

Part 4 - Other Agencies Involved with the Family		
Service Name: Click or tap here to enter text.	Phone: Click or tap here to enter text.	Email: Click or tap here to enter text.
Service Name: Click or tap here to enter text.	Phone: Click or tap here to enter text.	Email: Click or tap here to enter text.
Service Name: Click or tap here to enter text.	Phone: Click or tap here to enter text.	Email: Click or tap here to enter text.

Part 5 - Reason for Referral					
Supports Required or Parenting Concerns: (eg: behaviour management, routines, attachment, emotional regulation) Click or tap here to enter text.					
Any Other Identified Needs or Concerns: Click or tap here to enter text.					
Pre-Assessment Questions: (please choose a number between 1 and 5 for each statement below, where 1 = strongly disagree; 5 = strongly agree) Note: these can be answered on behalf of the client or directly by the client					
	1	2	3	4	5
My or my child's wellbeing (physical, psychological, emotional, social, spiritual/cultural, social) is protected within my family and community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My immediate family communicate and get along with each other well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am coping well with my current challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident to make decisions and changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-assessment completed by:					