

CALM Referral Form

For any criteria or waitlist queries please phone 4950 3888
 Please send referral to calmfamilysupport@calm.org.au

Office Use:	
DEX #	Office only

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:

Part 1 - Referrer Details

Referring Agency:

Referrer Name:

Position Title:

Phone:

Email:

Are there any known home visiting/child protection safety issues?

Have the family consented to this referral?

Will this agency continue to work with the family?

If yes in what capacity?

Part 2 - Primary Client

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

Name:

DOB and age:

Preferred Pronoun:

Gender:

Phone:

Address:

Email:

Aboriginal:

Torres Strait Islander:

Country of Birth:

Main language spoken:

Interpreter required?

List any disability, impairment or condition:

Are the family homeless?

Or at risk of homelessness?

If the primary client is under 18 please list name of legal guardian:

Preferred method of contact: Text Phone Email

Available Days/Times for appointments:

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)

Part 4 - Other Agencies Involved with the Family

Service Name:	Phone:	Email:
Service Name:	Phone:	Email:
Service Name:	Phone:	Email:

Part 5 - Reason for Referral

Supports Required or Parenting Concerns: (eg: behaviour management, routines, attachment, emotional regulation)

Any Other Identified Needs or Concerns:

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 feels safe & supported 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: