**Murrumbidgee Family Connect & Support Program**

**Referral Form**

**The Murrumbidgee Family Connect and Support (FCS) program is for children, young people and their families experiencing vulnerability in the Murrumbidgee region of NSW. It is for families who need support and are not currently involved with statutory child protection services. FCS is for families facing current concerns that have not reached ROSH, but may include families who have been subject to a low-level ROSH report (less than 10 days response) and for whom no other supports are available. FCS is for families where there is no active child protection case plan and/or active case child protection involvement.**

**Please email the completed form to** **fcs.murrumbidgee@savethechildren.org.au**

**For further information on completing this form, or if this is an urgent referral, please call 1300 180 891.**

1. **Priority Areas**

**To be eligible for FCS Program, families need to meet one of the three below priority areas. Please identify the relevant priority area for this referral. If the family does not meet any of these priority areas, please call to speak with our intake worker prior to completing this referral**

|  |  |  |
| --- | --- | --- |
| [ ]  Aboriginal children, young people, and their families | [ ]  Vulnerable children aged 0-5 | [ ]  Children and young people affected by mental illness |

1. **Referral Agency contact details**

|  |  |
| --- | --- |
| **Referring person’s name** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Agency/Organisation** | Click here to enter text. |
| **Phone number (mobile)** | Click here to enter text. |
| **Phone number (other)**  | Click here to enter text. |
| **Email address** | Click here to enter text. |

1. **Consent to refer and contact client**

|  |
| --- |
| FCS is a voluntary program. Has the Client given their consent for this referral to be made to FCS? [ ]  Yes [ ]  No |
| If ‘no’ please provide details on why consent has not been obtained:Click here to enter text. |
| Has client given permission for an FCS worker to call by phone? [ ]  Yes [ ]  No |
| Do you know of any reason why an FCS worker should not leave a phone message if the client does not answer a telephone call? [ ]  Yes [ ]  NoIf ‘yes’, please provide details:Click here to enter text. |

1. **Client Details**

|  |  |  |
| --- | --- | --- |
|  | **Primary Client Details** | **Secondary Client details****(if applicable)** |
| **Name** | Click here to enter text. | Click here to enter text. |
| **Date of Birth** | Click here to enter text. | Click here to enter text. |
| **Address** | Click here to enter text. | Click here to enter text. |
| **Phone number (mobile)** | Click here to enter text. | Click here to enter text. |
| **Phone number (other)** | Click here to enter text. | Click here to enter text. |
| **Cultural identity**  | [ ]  **Aboriginal** [ ]  **Torres Strait Islander**[ ]  **CALD**[ ]  **Other, please describe:**Click here to enter text. | [ ]  **Aboriginal** [ ]  **Torres Strait Islander**[ ]  **CALD**[ ]  **Other, please describe:**Click here to enter text. |
| **Gender**  | [ ]  **Male** [ ]  **Female**[ ]  **Other, please describe:**Click here to enter text. | [ ]  **Male** [ ]  **Female**[ ]  **Other, please describe:**Click here to enter text. |
| **Relationship to primary client**  |  | [ ]  **Parent**[ ]  **Grandparent**[ ]  **Carer**[ ]  **Other, please describe:**Click here to enter text. |

1. **Please provide details of children related to this referral**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Date of Birth  | Cultural Identity  | Relationship to primary client  |
| 1 | Click here to enter text. | Click here to enter text. | [ ]  **Aboriginal**[ ]  **Torres Strait Islander**[ ]  **CALD**[ ]  **Other, please describe:**Click here to enter text. | [ ]  **Child** [ ]  **Other, please describe:** Click here to enter text. |
| 2 | Click here to enter text. | Click here to enter text. | [ ]  **Aboriginal**[ ]  **Torres Strait Islander**[ ]  **CALD**[ ]  **Other, please describe:**Click here to enter text. | [ ]  **Child** [ ]  **Other, please describe:** Click here to enter text. |
| 3 | Click here to enter text. | Click here to enter text. | [ ]  **Aboriginal**[ ]  **Torres Strait Islander**[ ]  **CALD**[ ]  **Other, please describe:**Click here to enter text. | [ ]  **Child** [ ]  **Other, please describe:** Click here to enter text. |
| 4 | Click here to enter text. | Click here to enter text. | [ ]  **Aboriginal**[ ]  **Torres Strait Islander**[ ]  **CALD**[ ]  **Other, please describe:**Click here to enter text. | [ ]  **Child** [ ]  **Other, please describe:** Click here to enter text. |
| 5 | Click here to enter text. | Click here to enter text. | [ ]  **Aboriginal**[ ]  **Torres Strait Islander**[ ]  **CALD**[ ]  **Other, please describe:**Click here to enter text. | [ ]  **Child** [ ]  **Other, please describe:** Click here to enter text. |

1. **Referral Details**

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| Please provide details on the reason for this referral to FCS (please attach relevant documentation if available):Click here to enter text. |

1. **Other issues impacting on the family (select as many as required):**

|  |  |
| --- | --- |
| [ ]  Alcohol/ Substance Abuse  | [ ]  Financial stress/hardship |
| [ ]  Homelessness/unstable housing  | [ ]  Family Violence  |
| [ ]  Parent/carer in Prison  | [ ]  Disability: [ ]  Parent/carer [ ] Child |
| [ ]  Single parent/carer | [ ]  Mental illness: [ ]  Parent/carer [ ] Child |
| [ ] Young parent/carer | [ ]  Chronic illness: [ ]  Parent/carer [ ] Child |
| [ ]  Isolation-geographical | [ ]  Post Natal Depression |
| [ ]  Isolation-language/culture | [ ]  Family breakdown |
| [ ]  Isolation-social/family | [ ]  Legal issues |
| [ ]  New to location | [ ]  Multiple Birth |
| [ ]  Educational engagement | [ ]  Custody/Access |
| [ ]  Other Click here to enter text. |

1. **Safety issues**

**(IMPORTANT, PLEASE COMPLETE THIS SECTION)**

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| Are there any reasons for concerns about the immediate safety of an **ADULT** in this referral? [ ]  Yes [ ]  NoIf ‘yes’ please provide details and call 1300 180 891 when this referral is submitted:Click here to enter text. |
| Are there any reasons for concerns about the immediate safety of a **CHILD** in this referral? [ ]  Yes [ ]  NoIf ‘yes’ please provide details, including whether this matter has been the subject of a report to statutory authorities (date and time), and call 1300 180 891 when this referral is submitted:Click here to enter text. |

**PRIVACY NOTE:** Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 provides for the exchange of information between prescribed bodies relating to the safety, welfare or wellbeing of a particular child or young person or class of children or young persons to assist the recipient to make any decision, assessment or plan or to initiate or conduct any investigation, or to provide any service, relating to the safety, welfare or well-being of the child or young person or class of children or young persons, or to manage any risk to the child or young person (or class of children or young persons) that might arise in the recipient agency’s capacity as an employer or designated agency. Consent is not needed to offer services to someone. It is voluntary whether that offer is accepted. Any person/organisation can offer help - they can also volunteer why they are making the offer i.e. that it arises from information received under Chapter 16A. Nothing in privacy legislation prevents an agency offering assistance to the actual individual who may need that assistance.