

## MURRUMBIDGEE FAMILY CONNECT AND SUPPORT

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 a voluntary program for families who would like to access support and are not currently involved with statutory child protection services.

Please email the completed form to [fcs.murrumbidgee@54reasons.org.au](mailto:fcs.murrumbidgee@54reasons.org.au)

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

1. Eligibility Criteria		
Is the family currently subject to an open child protection case or involved with statutory child protection services? (i.e. DCJ, JERT, FaCS, DOCS)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If 'Yes' the family is ineligible for services with FCS. Please contact the relevant Child Protection representative to discuss support options.</b>		
To be eligible for FCS Program, families need to meet one of the three below priority areas. If the family does not meet one of the three criteria, please contact the FCS intake officer prior to completing this referral. Please identify the relevant priority area for this referral.		
<input type="checkbox"/> Aboriginal children, young people, and their families	<input type="checkbox"/> Vulnerable children aged 0-5	<input type="checkbox"/> Children and young people affected by mental illness

2. Referral Agency Details			
Name		Date of Referral	
Phone number		Email Address	
Position		Agency	

3. Client Consent	
FCS is a voluntary service. Consent needs to be obtained from the primary caregiver prior to the referral being made. Referrals without consent will not be accepted.	
Has the Client given their consent for this referral to be made to FCS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No   Date consent obtained: _____	

4. Client Details (Parent/Carer)			
Full Name		DOB	Gender
Address			
Phone Number		Alternative Phone Number	
Email Address			
Cultural Identity			
Country of Birth		Main Language Spoken at home	
Interpreted required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, preferred language	

# 54 reasons

## 5. Details of Family members including children, other parents/carers who reside in household

Full Name	DOB	Gender	Cultural Identity	Relationship to Parent/Carer

## 6. Reason for referral

<b>Family Challenges</b> (i.e. Family violence, concerns for safety of children, breakdown, changes in family dynamics)	
<b>Parent/carer Challenges</b> (i.e. absent parents, young parent, single parent, new birth, disability, mental illness, chronic illness, isolation, substance use)	
<b>Child/Young Person Challenges</b> (i.e. school non-attendance, disability, mental illness, bullying, isolation, substance use)	
<b>Housing and Safety</b> (i.e. Homelessness, unstable housing, unsafe living environment)	
<b>Finances</b> (i.e. financial stress, difficult meeting basic needs, debt)	
<b>Other</b>	
<b>Referrer's expectations from this referral?</b> (i.e. What are the Referrer's recommendations? What is the Referrer wanting FCS to support the family to achieve?)	

## 7. Legal

Are you aware of any current court orders relating to this family / young person?

# 54 reasons

Yes    No

If 'Yes', please provide details:

Are you aware of any notifications or previous association with Child Protection (DCJ) regarding this young person/family?

Yes    No

If 'Yes', please provide details:

## 8. Other Agency Involvement

Agency Name	Contact Person	Contact details	Description of agency involvement

## 9. Safety Issues

Are there any safety or risk concerns FCS should be aware of prior to contacting the family or conducting a home visit? (i.e. leaving voicemail, cold call visits, animals/weapons on property)

Yes    No

If 'Yes', please provide details.

Are there any reasons for concerns about the immediate safety of an **ADULT** in this referral?

Yes    No

If 'Yes', please provide details and call 1300 180 891 when this referral is submitted.

Are there any reasons for concerns about the immediate safety of a **CHILD** in this referral?

Yes    No

If '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.

**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.