

Bathurst Family Support Service
205 Rankin St/PO Box 1523
Bathurst 2795
Ph: 6331 7022



REFERRAL FORM FOR CHILD AND FAMILY SUPPORT SERVICE

The Child and Family Support Service is aimed at families with children aged 0-11 years requiring early intervention services. That is, families with low to medium level vulnerabilities that cannot be addressed by universal services, and require intervention and support to manage issues or prevent issues from escalating. Family work intervention is focused on building protective factors through individual or group programs. The child and family support service is funded to provide case managed intervention to families who **do not meet risk of significant harm (ROSH)**.

Please note that families who are currently accessing the Brighter Futures Program, or are case managed by Family and Community Services, are not eligible for the Child and Family Support Service.

Does this referral meet the target group criteria?

- Yes
 No

If you are unsure if the referral meets our criteria, please phone 6331 7022 to discuss if the referral is appropriate, or to receive assistance to identify other appropriate services.

REFERRER DETAILS			
Date			
Name of referrer			
Organisation			
Phone contact			
Email			
CHILDREN'S DETAILS			
Child's first name	Child's surname	Date of birth	Parent child resides with
Do any of the children have a disability or additional needs? Please provide details			

PARENT/CARER DETAILS	
Parent/carer 1 name & DOB	
Relationship to child/ren	
Address	
Phone contact	
Email address	
Cultural identity	
Parent/carer disability?	
Parent/carer 2 name & DOB	
Relationship to child/ren	
Address	
Phone contact	
Email address	
Cultural identity	
Parent/carer disability?	
Name of parent/carer being referred to CFS	
IDENTIFIED VULNERABILITIES	
<input type="checkbox"/> Lack of social support or extended family <input type="checkbox"/> Managing children's behaviour <input type="checkbox"/> Family and domestic violence <input type="checkbox"/> Relationship issues with children <input type="checkbox"/> Financial difficulties <input type="checkbox"/> Illness including mental health issues <input type="checkbox"/> Cultural barriers <input type="checkbox"/> Homelessness <input type="checkbox"/> Parental learning difficulties	
SERVICE COMPONENTS REQUESTED	
<input type="checkbox"/> Advice and Support <input type="checkbox"/> Family Assessment <input type="checkbox"/> Case Work <input type="checkbox"/> Parenting Programme <ul style="list-style-type: none"> <input type="radio"/> Parent-Child Interaction Therapy (2-7 years) <input type="radio"/> Tuning into Kids <input type="radio"/> Bringing Up Great Kids <input type="radio"/> Protective Behaviours for parents <input type="radio"/> Parenting Children with ADHD <input type="radio"/> Basics for Parents <input type="radio"/> Keeping Children Safe <input type="checkbox"/> Parent Skill Development <ul style="list-style-type: none"> <input type="radio"/> parenting skills, information and practical support <input type="radio"/> family relationship building <input type="radio"/> building relationships with children <input type="checkbox"/> Practical Skills development <ul style="list-style-type: none"> <input type="radio"/> financial and budgeting <input type="radio"/> nutrition and providing family meals <input type="radio"/> household management <input type="radio"/> family management eg. routines 	

CASE MANAGEMENT DETAILS	
Will you or your agency continue to work with this family or members of this family? If yes, please provide details	
Who is the appropriate contact person in your agency for follow up and contact regarding this referral?	
Are you aware of any other services that this family is currently accessing? Please list	
WORKER SAFETY INFORMATION	
Have you visited the family at their home?	
Are you aware of any worker safety risk factors associated with working with this family or visiting their home? Please specify	
CLIENT CONSENT	
<p>I _____ consent to this referral being made to Bathurst Family Support Service. I have read the information provided in this referral, and I consent to the exchange of relevant information about myself and my family between the organisation making this referral and BFSS.</p> <p>Signature _____ date _____</p>	
<p>If you are unable to obtain written consent from the person being referred, have you obtained verbal consent?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p> <p>Please note that BFSS cannot accept the referral without consent from the person being referred</p>	
REFERRER AUTHORISATION	
<p>Signature of referrer _____ date _____</p> <p>Please forward this referral to Bathurst Family Support Service by one of the following options:</p> <ul style="list-style-type: none"> • Email: admin@bfss.org.au • Post: PO Box 1523 Bathurst NSW 2795 	
Thank you for forwarding the referral, we will advise you of the outcome of this referral.	