Please be aware that response times to referrals vary.

If you have the client with you, we recommend that the client calls The Orange Door with you to facilitate the referral.

|  |  |
| --- | --- |
| **Referrer Information** | |
| **Date of referral** | Click or tap to enter a date. |
| **Name of referrer** |  |
| **Referrer Organisation** |  |
| **Referrer phone number** |  |
| **Referrer email** |  |
| **Consent – Protected Identity** | For the referrer: Do you consent to your identity being disclosed? Yes No  *The Children, Youth and Families Act 2005, allows for the identity of a referrer to the Orange Door to be protected from being known to the family. In order to engage families, we prefer to be open with families regarding their support needs and that wherever possible referrers to discuss making a referral with the family.* |
| **Consent – referral information** | Does the referrer give consent to The Orange Door to forward the information provided to a third-party support service should this referral result in an allocation to another service provider? Yes No |
| **Consent – client** | Has the client consented to the referral? Yes No |
| **Referral Types (You may tick multiple boxes)** | |
| **Adult** | Family Violence – victim survivor Family Violence - person using violence Parent/caregiver who requires support |
| **Young person** | Family Violence – victim survivor Family Violence - young person using violence Concerns for the wellbeing of the young person– safety, stability, development. |
| **Child** | Family Violence – victim survivor Concerns for the wellbeing of the child – safety, stability, development. |
| **Infant (under 3 years)** | Family Violence – victim survivor Concerns for the wellbeing of the infant – safety, stability, development. |
| **Unborn Child** | Concerns for the wellbeing of the unborn child – safety, stability, development. |
| **Client Information – primary client** | |
| **Surname** |  |
| **First name** |  |
| **Date of birth** | Click or tap to enter a date. |
| **Estimated date of birth (if unborn)** | Click or tap to enter a date. |
| **Address** |  |
| **Phone number**  *Note: When The Orange Door contacts a client it will come from a private number.* | Is it safe to leave a verbal message: Yes No  Is it safe to text the client? Yes No  What is the preferred/best time to contact the client? |
| **Email address** |  |
| **Is it safe to email the client?** | Yes No |
| **Gender** | Choose an item. |
| **Intersex** | Choose an item. |
| **Transgender** | Choose an item. |
| **Aboriginal and / or Torres Strait Islander Identity** | |
| **Does the client identify as** | Choose an item. |
| **Does the client/family wish to engage with Aboriginal specific support services** Yes No Unknown | |
| **Cultural Identity** | |
| **Culture/ethnicity** |  |
| **Primary language spoken** |  |
| **Does the client require an interpreter** | Yes No Details: |

|  |  |  |
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| **Other Intersections** | | |
| **Does the client have a disability?** | Yes No  Unknown | Details: |
| **Does the client require crisis accommodation?** | Yes No  Unknown | Details: |
| **Does the client have any medical concerns?** | Yes No  Unknown | Details: |
| **Does the client have any mental health conditions?** | Yes No  Unknown | Details: |
| **Does the client have any AoD Concerns?** | Yes No  Unknown | Details: |
| **Does the client have a support person/advocate?** | Yes No  Unknown | Details: |

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| **Infants, Children and Young People** | | | | | | | |
| **Full name** | **DOB/EDB** | **Resides with?** | **Address** | | **Contact details** | **Specific needs (crisis accommodation, disability, medical, mental health, AOD, cultural or other considerations)** | **Has the child been seen face to face by a professional?**  **If yes – include date** |
|  | Click or tap to enter a date. |  |  | |  | Details:  ATSI Status  Choose an item. | Yes No N/A  Date:  Click or tap to enter a date. |
|  | Click or tap to enter a date. |  |  | |  | Details:  ATSI Status  Choose an item. | Yes No N/A  Date:  Click or tap to enter a date. |
|  | Click or tap to enter a date. |  |  | |  | Details:  ATSI Status  Choose an item. | Yes No N/A  Date:  Click or tap to enter a date. |
| **Are there any orders in relation to any of the children or young people listed above? For example, Family Violence Orders, Parenting Orders or Child Protection Orders.** | | | | Yes No  Details: | | | |

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| **Significant Others (for example other parent/carer or adult using violence)** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full name** | **DOB/EDB** | **Gender** | | **Resides with client?** | **Address** | **Contact details** | **Specific needs (crisis accommodation, disability, medical, mental health, AoD, cultural or other considerations)** | **Advocate or support person required** |
|  | Click or tap to enter a date. | Choose an item. | | Yes No |  |  |  | Yes No N/A  Details: |
|  | Click or tap to enter a date. | Choose an item. | | Yes No |  |  |  | Yes No N/A  Details: |
| **Are any of these people having contact with children?** | | | | Yes No  Details: | | | | |
| **Are there any orders in relation to any of the children or young people listed above? For example, Family Violence Orders, Parenting Orders or Child Protection Orders.** | | | | Yes No  Details: | | | | |
| **Professional Networks/Support Services (include universal services including education, MCHN, AOD services, mental health services, health services)** | | | | | | | | |
| **Agency** | | | **Contact name** | | **Contact details:**  **phone number and email address** | | **Role with family** | **Date of last contact with family** |
|  | | |  | |  | |  | Click or tap to enter a date. |
|  | | |  | |  | |  | Click or tap to enter a date. |
|  | | |  | |  | |  | Click or tap to enter a date. |
| **Safety Alerts (detail any worker safety)** | | | | | | | | |
| Are there any safety considerations for workers? | | | Yes No Details: | | | | | |
| Reason For Referral | | | | | | | | |
| **Please explain the reason for the referral with as much detail as possible:** | | | | | | | | |
| Documents attached:  MARAM assessment Safety Plan Needs assessment Genogram Other risk assessment Security / technology assessment Other | | | | | | | | |

**Please send to bpa.referrals@orangedoor.vic.gov.au**