Strictly Confidential

CSnet Activity #

**64225 Family Safety Client Referral Form**

| **FIRST CONTACT****Date:**       | **INTAKE****Date:**       | **Worker:**       |
| --- | --- | --- |
| **Caller:**       | **Relationship to proposed client:**       |

| **CLIENT DATA COLLECTION STATEMENT** |
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| **READ CLIENT DATA COLLECTION STATEMENT*****“I just want to let you know that what we talk about is confidential, however there are exceptions to confidentiality, such as if there was risk of harm to a child, yourself or another person or there was a risk of damage to property.”***Do you understand and agree? ☐ Yes ☐ No**Agency secure database:** “In order to provide our services to you, your information is entered onto our secure internal agency database for our own use, such as name, address, contact number and any other relevant information.”☐ Consent Provided ☐ Consent Withheld**For DIF clients only: DEX/FSP secure database:** “As we receive funding to provide this service we are required to collect some of your information which is entered onto a Goverment database for statistical & funding purposes and is NOT shared with any other agency or in any other way” (*Information is de-identified and collated*) ☐ Consent Provided ☐ Consent Withheld“When you attend our centre you will be asked to confirm this verbal permission in writing” |

| **CLIENT DETAILS (1)** *Must be identical to CSNet/IRIS name: Enter the child / adolescent name if they are to be the direct client for FV or FARS*  |
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| **CLIENT NAME:**       | **CLIENT D.O.B:**       |
| ☐ PARENT 1 | ☐ PARENT 2 | ☐ CHILD / ADOLESCENT |
| GENDER: ☐ MALE ☐ FEMALE ☐ INTERSEX/ INDETERMINATE/ OTHER *(please specify):*       |
| LGBTIQ: ☐ YES ☐ NO ☐ PREFER NOT TO SAY     |
| ADDRESS: |       |
| SUBURB: |       | STATE:       | PCODE: |       |
| HOME PHONE: |       | MOBILE: |       | WORK: |       |
| Emergency Contact.HOME PHONE: |       | MOBILE: |       | WORK: |       |
| Can we leave a message? | ☐ HOME | ☐ MOBILE | ☐ WORK | ☐ NO MESSAGE |
| Can we send SMS appointment reminders? | ☐ YES | ☐ NO |
| Email Address for correspondence: |       |  |  |  |
| Country of Birth: | Australia | ☐ | Aboriginal | ☐ YES | ☐ NO |
|  | Other? |       | Torres Strait Islander | ☐ YES | ☐ NO |
| If other, year of arrival:  |       |  |  Both | ☐ YES | ☐ NO |
| Main language spoken at home: | ☐ English ☐Other:       |
| How well is English spoken? *(tick one box only)* | ☐ Very Well | ☐ Well | ☐ Not Well | ☐ Not at all |
| Interpreter required? | ☐ YES | ☐ NO Language:       |
| Do you have any special needs we need to consider? ☐ Yes ☐ No☐ Intellectual/learning ☐ Psychiatric ☐ Sensory/speech ☐ Physical/diverse ☐ Other:       |
| Highest education level completed: | ☐ Primary | ☐Yr 10 | ☐ Yr 12 | ☐ University /other | ☐ Never attended  |
| Current employment status: | ☐ Employed – including self employed | ☐ Unemployed –actively looking for a job | ☐ Not in the labor force e.g. stay home parent/student/retired/volunteer |
| Have you used Family Life services before? | ☐ YES | ☐ NO |
| **CLIENT DETAILS (2)***Must be identical to CSNet & IRIS name: Enter the child / adolescent name if they are to be the direct client for FV or FARS teams.* |
| **CLIENT NAME:**       | **CLIENT D.O.B:**       |
| ☐ PARENT 1 | ☐ PARENT 2 | ☐ CHILD / ADOLESCENT |
| GENDER: ☐ MALE ☐ FEMALE ☐ INTERSEX/ INDETERMINATE/ OTHER *(please specify):*       |
| LGBTIQ: ☐ YES ☐ NO ☐ PREFER NOT TO SAY     |
| ADDRESS: |       |
| SUBURB: |       | STATE:       | PCODE: |       |
| HOME PHONE: |       | MOBILE: |       | WORK: |       |
| Can we leave a message? | ☐ HOME | ☐ MOBILE | ☐ WORK | ☐ NO MESSAGE |
| Can we send SMS appointment reminders? | ☐ YES | ☐ NO |
| Email Address for correspondence: |       |  |  |  |
| Country of Birth: | Australia | ☐ | Aboriginal | ☐ YES | ☐ NO |
|  | Other? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Torres Strait Islander | ☐ YES | ☐ NO |
| If other, year of arrival:  |       |  |  Both | ☐ YES | ☐ NO |
| Main language spoken at home: | ☐ English ☐ Other:       |
| How well is English spoken? *(tick one box only)* | ☐ Very Well | ☐ Well | ☐ Not Well | ☐ Not at all |
| Interpreter required? | ☐ YES | ☐ NO Language:       |
| Do you have any special needs we need to consider? ☐ Yes (circle below) ☐ NoIntellectual/learning Psychiatric Sensory/speech Physical/diverse Other:       |
| Highest education level completed: | ☐ Primary | ☐ Yr 10 | ☐ Yr 12 | ☐ University /other | ☐ Never attended  |
| Current employment status: | ☐ Employed – including self employed | ☐ Unemployed –actively looking for a job | ☐ Not in the labor force e.g. stay home parent/student/retired/volunteer |
| Have you used Family Life services before? | ☐ YES | ☐ NO |

| **Children/Significant Others****(Name)** | **Relationship** | **D.O.B.** | **AGE** | **Country of Birth** |
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| **GENOGRAM** *(including household composition)*      |
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| *What are the current time spent arrangements for the child/ren?* |

| **PRESENTING ISSUES:** |
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| *What are the presenting issues, household composition, strengths and risks?*      |
| **CONCERNS FOR CHILD(REN), CONNECTEDNESS TO COMMUNITY, FAMILY, SCHOOL, WELLBEING, SAFETY AND RISK:** |
| *If there is a child in the family this field must be explored and information provided. e.g. has the child(ren) experienced and/or witnessed family violence?*      |

| **FAMILY LIFE SERVICE REQUESTED/REQUIRED:** |
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| ☐ MBC: Group / Individual* ☐ CMCOP: Court Mandated Contract
* ☐ DHHS (FVCM: Self referred clients)
* ☐ Corrections Contract- Referred via Corrections
 | ☐ FVCM* ☐Womens Counselling
* ☐Children’s Counselling
* ☐Making Choices Group for Women

☐ DiF☐ Dads in Focus: Specialist FV Dex |

| **Family Violence Specific Questions** |
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| Has there been a recent incident of family violence? ☐ YES ☐ NOBrief description:       |
| Types of violence described/identified: ☐ physical ☐ verbal ☐ emotional ☐ financial ☐ sexual ☐ social ☐ spiritual |
| How do you rate your level of fear on scale of 1 to 10 (1 being low, 10 high)?       |
| Safety plan details:       |
| Are there any court orders in place? ☐ YES (Request Copy) ☐ NO |
| If yes, please indicate: ☐ Family Court Parenting Orders? ☐ Consent Orders? ☐ Family Violence Intervention Orders? |
| Dates & Conditions of order(s)?       |
| Are there any other services (including CP) involved with your family? ☐ YES ☐ NO ☐ Verbal consent to consultDetails (agency and contact):      |

| **SITE & AVAILABILITY** |
| --- |
| ☐ FRANKSTON ☐ SANDRINGHAM |
| Preferred Days:       | ☐Morning ☐ Afternoon ☐ Evening |
| ***How did you hear about our service?***       |