Child & Family Referral Form Barwon Region: City of Greater Geelong, Queensellife, Surf Coast Shire & Colac/Corangamite Geelong: 1800 312 820	The Orange Door - BARWON SUPPORT AND SAFETY HUB					
Geelong: 1800 312 820	· ·				_	
Colac/Corangamite: 5232 5500   ChildFIRST@cah.vic.gov.au		_			_	
BARWON SUPPORT AND SAFETY HUB OFFICE USE ONLY  Date Reperson Acknowledging  REFERRER DETAILS  Name and Role of Referrer Agency Name  Contact Number:  Worker email address – referral acknowledgment  Referrer Identity Protected — The CYF Act allows for the identity of the referrer to be protected. In order to epagage families, we prefer to be open with families reporting their support needs. As this service is voluntary, we encourage, where possible referrers to discuss the referral prior to submitting.  Has the referral been discussed with the family? Yes   No    Is the family willing to engage with a support service? No    Do you have significant wellbeing concerns for the safety, wellbeing or development for the Children/ Youth raised in this referral?  ALERTS (Including worker safety issues) Yes No   Unknown   Details    Current Family Violence     Intervention Order Yes   No    PARENT/PRIMARY CAREGIVER DETAILS  Name   PARENT/PRIMARY CAREGIVER DETAILS  Name   Date of Birth    Relationship to Child/ren    Does the parent identify as Aboriginal or Torres Strait Island descent   T/ S Islander    Cultural Identity    Is an Interpreter required Yes   No    Language/Dialect    Contact Numbers: Home:   Mobile:	_	_				<u>au</u>
Date Received by Hub   Date & Person Acknowledging	Colac/Corangamite:	5232 5500	niiai	-IKST@can.vic.go	ov.au	
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Name and Role of Referrer  Agency Name  Contact Number:	Date received by Hub	Date	e & Pei	rson Acknowledging	_	
Agency Name  Contact Number:  Worker email address – referral acknowledgment  Referrer Identity Protected — The CVF Act allows for the Referrer Identity Protected. In or Act allows for the Referrer Identity Protected. In or Act allows for the Referrer Identity of the referrer to be protected. In or Act allows for the support needs. As this service is voluntary, we encourage, where possible referrers to discuss the referral prior to submitting.  Has the referral been discussed with the family? Yes   No    Is the family willing to engage with a support you have significant wellbeing concerns for the safety, wellbeing or development for the Children/  Youth raised in this referral?  ALERTS (Including worker safety issues) Yes   No   Unknown    Current Family Violence   Intervention Order Yes   No    Weapons in the Home   Intervention Order Yes   No    PARENT/PRIMARY CAREGIVER DETAILS  Name   PARENT/PRIMARY CAREGIVER DETAILS  Name   Does the parent identify as Aboriginal or Torres   Aboriginal   T/ S Islander    Cultural Identity   S an Interpreter required   Yes   No    Language/Dialect   Contact Numbers:   Home:   Mobile:    Email Address (if utilised)   Family Address   Mobiles    Contact Numbers:   Home:   Mobiles    Contact Numbers:   Mobiles   Mobiles    Contact Numbers:   Mobiles   Contact Numbers   Co		RE	FERF	RER DETAILS		
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Current Family Violence	safety, wellbeing or development for the Children/			Yes □		No □
Weapons in the Home  Violence Towards Workers  Pets at the Home  PARENT/PRIMARY CAREGIVER DETAILS  Name  Date of Birth  Relationship to Child/ren  Does the parent identify as Aboriginal or Torres Strait Island descent  Cultural Identity  Is an Interpreter required  Language/Dialect  Contact Numbers:  Home:  Mobile:		afety issues)	Ye	es No Unki		
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Name  Date of Birth  Relationship to Child/ren  Does the parent identify as Aboriginal or Torres Strait Island descent  Cultural Identity  Is an Interpreter required  Contact Numbers:  Home:  Mobile:  Family Address	Pets at the Home					
Date of Birth  Relationship to Child/ren  Does the parent identify as Aboriginal or Torres Strait Island descent  Cultural Identity  Is an Interpreter required  Contact Numbers:  Home:  Mobile:  Family Address		PARENT/PRI	MAR	Y CAREGIVER DE	TAILS	
Relationship to Child/ren  Does the parent identify as Aboriginal or Torres Strait Island descent  Cultural Identity  Is an Interpreter required  Language/Dialect  Contact Numbers:  Email Address (if utilised)  Family Address	Name					
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Cultural Identity  Is an Interpreter required  Language/Dialect  Contact Numbers:  Email Address (if utilised)  Family Address	Relationship to Child/ren	1				-
Is an Interpreter required  Yes  No  Language/Dialect  Contact Numbers:  Home:  Mobile:  Family Address  Family Address	, ,			boriginal $\square$		T/ S Islander
Language/Dialect  Contact Numbers: Home: Mobile:  Email Address (if utilised)  Family Address	Cultural Identity					
Contact Numbers: Home: Mobile:  Email Address (if utilised)  Family Address	Is an Interpreter required	s an Interpreter required				No □
Email Address (if utilised)  Family Address	Language/Dialect					
Family Address	Contact Numbers:		Н	ome:		Mobile:
	Email Address (if utilised)	)				
Does the family have their own transport? Yes ☐ No ☐	Family Address					
	Does the family have the	ir own transport?		Yes 🗆		No □

Paper Referral Form Version

Office Use Only Client ID \_\_\_\_\_ Case ID \_\_\_\_

Paper	Referral	Form	Version
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Office Use Only Client ID \_\_\_\_\_ Case ID \_\_\_\_

SIGNIFICANT FAMILY MEMBERS						
Other Adult Family Members	Gender	D.O.B	Cultural Identity	Relationship to Children	Residing with Above Parent/Caregiver	Contact Details if applicable
					Yes □ No □	
					Yes □ No □	
					Yes □ No □	
Child/ren's Name	Gender	D.O.B	Cultural Identity	Relationship to Parent	Residing with Above Parent/Caregiver	Contact Details
					Yes □ No □	
					Yes □ No □	
					Yes □ No □	
					Yes □ No □	
					Yes □ No □	
					Yes □ No □	

## **REFERRAL REASON**

Child and Family Vulnerability: Please provide details of current situation, factors impacting on individual, child/ren & family capacity – based on risk and vulnerability, specific family violence information & relevant background information

Current Family Violence: Please provide details of current experiences of family violence and in particular the impacts/effects on child/ren & perpetrator risks.

Section for Additional Information if Required:

RISK AND V	ULNERAB	ILITIES FA	CTORS Please tick all th	e apply to the family unit	
☐ Social Isolation		Chronic neg	lect of basic care	☐ Significant behavioural issues	
☐ Current MH or AOD issues		Housing inst	ability and transience	☐ Migrant / Refugee	
☐ Parent/ Child suicidal ideation		Disability – C	Child or Adult	☐ Chronic or serious health issues	
☐ Child/Youth Behavioural issues		Underdevelo	oped parenting skills	Poor school engagement	
☐ Child/Parent attachment and		Prior Child P	rotection involvement	☐ High risk & challenging Child/Youth	
bonding issues	- inve	stigation		behaviour's	
☐ Current family violence or sexu			ncrease in FV severity	☐ Serious FV threats to kill/harm - Self,	
assault			of behaviours	victim/child, family, professional	
☐ Pregnancy/Newborn			stalking behaviour/	Past use of/access to weapons (guns,	
	obses	ssion with vi	cum.	knives) – FV incidents	
	AGENCIES	S/SFRVICE:	S ACCESSED BY THE	FAMILY	
			ocial/Welfare, Commu		
Service/ Agency Name	Past	Current	Contact Person	Contact Numbers/ Email	
Service, Agency Name			Contact i cison	Contact Numbersy Email	
		_			
SCHOOLS/	KINDERG <i>I</i>	ARTEN/ CH	IILDCARE ATTENDED	BY THE CHILDREN	
Schools/Kinder/Childcare	Past	Current	Contact Person	Contact Numbers/ Email	
		l	I		

Paper	Referral	Form	Version
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Office	llea	Only	Client	חו

Case ID \_\_\_\_\_

## **AUTHORISATION BY PARENT/CARER FOR RELEASE OF INFORMATION**

I consent to the release of information about my family to the Barwon Support and Safety Hub. I understand the referral information will be used by the Barwon Support and Safety Hub to provide a service to my family and make referrals to other services as agreed upon.

I understand that for Barwon Support and Safety Hub Intake Practitioners to undertake their assessment for the most suitable support for my family, Practitioners will be required to gather information from services and supports involved with my family.

Parent/Caregiver Signature:		Signature of Worker:			
Date	Click here to enter a date.	Date	Click here to enter a date.		

Verbal Consent Obtained from Client: Yes □ No □

Whilst signed consent is ideal, verbal consent is adequate.

Please note, it is best practice for the referral to be discussed with the family, however the Barwon Support and Safety Hub will accept referrals without family consent in exceptional circumstances. It is requested that family referrals with no consent given are discussed with a Hub Intake Practitioner in advance.