FAMILY PARTICIPATION PROGRAM

ATSICHS BRISBANE

REFERRAL FORM

Please email form to **HSIntake@atsichsbrisbane.org.au**

Referring organisation

Referrer name

Referrer contact number | Mobile

Referrer email

Referrer address

Referral date

Preferred method of contact ☐ Phone number ☐ Mobile ☐ Email

Family contact details

First name

Surname

Gender | Date of birth | Age

Ethnicity and cultural identity

☐ Aboriginal and Torres Strait Islander
☐ Aboriginal
☐ Torres Strait Islander
☐ Non-Indigenous

Street address

Suburb | Postcode

Preferred contact number

Alternate contact number

Is it safe to leave a message on the numbers above? ☐ Yes ☐ No

Aboriginal and Torres Strait Islander Community Health Service Brisbane
29 Metroplex Avenue, Murarrie QLD 4172
P 3240 8900 | **F** 07 3391 6196 | atsichsbrisbane.org.au

Name	Family member	DOB	Gender	Address

Current level of intervention with the Department of Child Safety, Youth and Women

☐ Support service ☐ Investigation and assessment ☐ Intervention with parental agreement

☐ Short term case planning ☐ Long term case planning

Details

Child Safety Officer

Child Safety Service Center

Independent Person

Current level of need for the family (please select one)

☐ Low ☐ Medium ☐ High ☐ Urgent (child about to be in need of protection)

Significant decision-making stages. Please indicate relevant referral criteria

☐ Safety planning stage

☐ Whether a child is in need of protection

☐ What type of ongoing intervention will be undertaken with the family

☐ Whether to apply for a child protection order

☐ Where or with whom a child will live

☐ The child is not currently in need of protection but the family would benefit from FLDM to prevent entry or re-entry into the statutory child protection system

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- [ ] The family require an independent person
- [ ] The family would benefit from a formal family led decision making process for case planning etc.
- [ ] Child or family would benefit from services to improve their cultural identification or connection to culture

Child protection concerns/worries

- [ ] Parent and/or caregiver request for support
- [ ] Child behavioural difficulties
- [ ] Parenting skills
- [ ] Parent/caregiver stress
- [ ] Family conflict
- [ ] Family violence
- [ ] Housing/accommodation
- [ ] Mental health/other health issues
- [ ] School attendance
- [ ] Substance misuse–child/adolescent
- [ ] Substance misuse–adult
- [ ] Disability–child
- [ ] Family relationship issues
- [ ] Limited household resources
- [ ] Financial stress
- [ ] Child neglect–medical
- [ ] Child neglect–social and emotional
- [ ] Social isolation
- [ ] Legal matters

Intended goals and outcomes that the referral is seeking

- [ ] **For your referral to be considered you MUST include relevant documentation for example assessment outcome documents, case plans or any formal assessments etc.**

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Does the family require additional support to engage with other services?

Links to support

- ☐ Employment
- ☐ Medical services
- ☐ Mental health
- ☐ Other specialist service
- ☐ Substance misuse
- ☐ Family violence
- ☐ Social health
- ☐ Youth
- ☐ Legal services
- ☐ Housing/accommodation

Any background information that will assist us to manage this referral (any relevant family history, legal orders (DVO/AVO's)–any recent and/or relevant case plans)

Are there any worker safety issues?

Who initiated the referral?

☐ Family/Carer ☐ NGO ☐ School ☐ ATSICHS ☐ Other

Family consent

☐ The family is aware of the referral and has given their consent and are willing to engage with the Family Participation Program. If not, why:

Signature

Date

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