**BOOBOOP NARRKWARREN NAGARRA-JARRA-NOUN**

**(FAMILY HEALING) CENTRE**

**INITIAL REFERRAL AND SCREENING FORM**

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| Please send completed **Form** to the Booboop Narrkwarren Nagarra-jarra-noun Intake Team at [SCFCIntake@austin.org.au](mailto:SCFCIntake@austin.org.au). We will be in contact with you to discuss the referral in more detail. |

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| **REFERRER’S DETAILS** | | | | | |
| **Name of Referrer:** | | | **Address:** | | |
| **Organisation/Agency:** | | | **Telephone/Mobile:** | | |
| **Position/Role(s):** | | | **Email Address:** | | |
| **Has the primary caregiver/guardian consented to this referral?**  Yes  No | | | | | |
| **CHILD’S DETAILS** | | | | | |
| **Full Name of Child:** | | | **Preferred Name:** | | |
| **Date of Birth (dd/mm/yyyy):**  **Age:** | | | **Gender Identity:**  **Assigned sex at birth:**  **Preferred Pronouns:** | | |
| **Fixed Address (including postcode):** | | | | | |
| **Does the child identify as:**  Aboriginal  Torres Strait Islander  Aboriginal and Torres Strait Islander  Neither Aboriginal nor Torres Strait Islander | | | **Country of Birth:** | | |
| **Cultural Identity:** | | |
| **Is an interpreter required?**  Yes  No | | |
| **If an interpreter is required, what is the preferred language?** | | |
| **CHILD’S LIVING SITUATION** | | | | | |
| **Does the child and family/primary caregiver(s) have stable housing?**  Yes  No | | | | | |
| **Who does the child live with? Please tick all that apply:**  ​☐​ Both parents     ​☐​ Sole parent     ​ ☐​ Stepfamily      ​☐​ Extended Family/Kinship Care  ☐​ Foster care     ​ ☐​ Residential Care ☐ Co-parenting    ​ ☐​ Other: Please Specify Details: | | | | | |
| **DETAILS OF CHILD’S FAMILY AND CAREGIVER(S)** | | | | | |
| **Primary Caregiver 1 Information** | | | | **Primary Caregiver 2 Information** | |
| **Full Name:** | | | | **Full Name:** | |
| **Address:** | | | | **Address:** | |
| **Telephone/Mobile:** | | | | **Telephone/Mobile:** | |
| **Email:** | | | | **Email:** | |
| **Preferred Contact Method:** | | | | **Preferred Contact Method:** | |
| **Preferred Language:** | | | | **Preferred Language:** | |
| **Relationship to child listed on referral:** | | | | **Relationship to child listed on referral:** | |
| **Names and ages of child’s sibling(s) (including their dates of birth):** | | | | | |
| **Please provide details of sibling(s) support needs:** | | | | | |
| **COURT ORDERS** | | | | | |
| **Please provide details of any current relevant court orders or court involvement:** | | | | | |
| Magistrates  Family Court Order Federal Circuit Court | Yes  No  Yes  No  Yes  No | Intervention Order  Protective Order  Parenting Orders | | | Yes  No  Yes  No  Yes  No |
| **GP AND/OR PAEDIATRICIAN CONTACT DETAILS (IF KNOWN OR INVOLVED IN CARE):** | | | | | |
| **GP Contact Details** | | | | **Paediatrician Contact Details** | |
| **Name:** | | | | **Name:** | |
| **Address/Practice:** | | | | **Address:** | |
| **Telephone/Mobile:** | | | | **Telephone/Mobile:** | |
| **Email:** | | | | **Email:** | |
| **OTHER AGENCIES INVOLVED** | | | | | |
| **List other agencies involved with the child and/or family:** | | | | | |
| **DFFH CHILD PROTECTION INFORMATION** | | | | | |
| **Current Child Protection Involvement:** | | Current  Past  None | | | |
| **Name of DFFH Worker:** | | **DFFH Office:** | | | |
| **Telephone/Mobile Number/Email:** | | **Current Legal Status:** | | | |
| **EDUCATION INFORMATION** | | | | | |
| **Name of Childcare/Kindergarten/School:** | | **Grade/Year Level:** | | | |
| **Attendance:**  Attending  School Refusing  Excluded  Suspended | | | | | |
| **REASON(S) FOR REFERRAL: WHAT HAS PROMPTED THE REFERRAL *NOW*?** | | | | | |
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| **WHAT ARE THE FAMILY’S/CARER’S GOALS IN RELATION TO THIS REFERRAL?** | | | | | |
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| **CURRENT RISK FACTORS FOR THE CHILD (SELECT ALL THAT MAY APPLY)** | | | | | |
| Suicide  Self-Harm  Substance use  Perceptual Disturbance  Animal cruelty    Aggression towards:  Self  Family  Others  Property  Physical  Verbal | | | | | |
| **CURRENT RISK FACTORS FOR THE PRIMARY CAREGIVER(S) (SELECT ALL THAT MAY APPLY)** | | | | | |
| Mental health  Substance use  Physical health  Financial Distress  Family violence  Current ☐ History  Do not know ☐ Are there multiple perpetrators?  Isolation (no supports)  Carer burnout  Caregiving impacting work situation  Other caregiving responsibilities (please outline relationship and disability/mental health/ageing etc)  Other (Please specify details): | | | | | |
| **OTHER RELEVANT BACKGROUND INFORMATION** | | | | | |
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