**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. 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 OrderParenting 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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