



**Kyogle Family
Support Services**
Neighbourhood Centre Inc.

Service Referral Form

Referrer Name:		Referrer Organisation:	
Referrer Contact Phone:		Referral Date:	

Name:	Date of Birth:
Contact Phone:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Aboriginal/TI <input type="checkbox"/> CALD <input type="checkbox"/> TI	
N.O.K or Carer Name:	Contact Phone:
Relationship:	Are you a Carer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Address:	
Country of Birth:	Main language spoken at home:
Email:	
Any Disabilities? <input type="checkbox"/> Intellectual learning <input type="checkbox"/> Psychiatric <input type="checkbox"/> Sensory / speech <input type="checkbox"/> Physical / diverse <input type="checkbox"/> Not stated or described	

Do you have children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	How many?	
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Child's Name	D.O.B	Age	Gender	Disability? (1-5)	Comments/Disability

(1) Intellectual learning (2) Psychiatric (3) Sensory / speech (4) Physical / diverse (5) Not stated or described

Address: 8 Geneva St Kyogle NSW 2474 **Phone:** 02 6632 1044 **Fax:** 02 6632 1202

Email: admin@kfss.org.au **Web:** www.kyoglefamilysupportservices.org

Facebook: Kyogle Family Support Services Neighbourhood Centre Inc.

Funded by Department of Communities and Justice

Family Background

How many parents/carers in the family unit?		Are you homeless or at risk of becoming homeless (yes, no, at risk)	
How many parents/carers have a disability?		Are you currently receiving services from any other agencies?	
Are any of the parents under 21?		How many family members speak another language in the home?	
How many people live in the home?		Is your family known to DCJ?	
Have you received services from us before?		Case Worker Name:	

How would you describe the makeup of your household?

<input type="checkbox"/> Single (person living alone)	<input type="checkbox"/> Sole parent with dependent(s)	<input type="checkbox"/> Couple
<input type="checkbox"/> Couple with dependent(s)	<input type="checkbox"/> Group of related adults	<input type="checkbox"/> Group of unrelated adults
<input type="checkbox"/> Homeless/no household	<input type="checkbox"/> Other	

Main reason for seeking help:

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Possible reasons for seeking help:

<input type="checkbox"/> Centrelink	<input type="checkbox"/> Family & Domestic Violence	<input type="checkbox"/> Self Esteem
<input type="checkbox"/> Counselling	<input type="checkbox"/> Family Support	<input type="checkbox"/> Physical Isolation
<input type="checkbox"/> Disabilities	<input type="checkbox"/> Financial/Emergency Relief	<input type="checkbox"/> Registration Support
<input type="checkbox"/> Education / Skill Development	<input type="checkbox"/> Housing	<input type="checkbox"/> Sole Parent
<input type="checkbox"/> Physical health	<input type="checkbox"/> Legal	<input type="checkbox"/> Supported Parenting Group
<input type="checkbox"/> Child development support	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Work Development Orders (WDO)
<input type="checkbox"/> Trauma	<input type="checkbox"/> Parenting Programs	<input type="checkbox"/> Group Activities
<input type="checkbox"/> Transport	<input type="checkbox"/> Wellbeing & Self Care	<input type="checkbox"/> Personal & Family Safety
<input type="checkbox"/> Healthy Relationships	<input type="checkbox"/> Community Participation	<input type="checkbox"/> Social networking
<input type="checkbox"/> NDIS	<input type="checkbox"/> Natural Disaster	

Privacy Information

All employees of KFSS Neighbourhood Centre Inc. adhere to proper guidelines for protecting the privacy of your information. It is understood that in the course of your assessment and the referral process, you will share information with your assigned family worker. This exchange of information is, of course, for the explicit purpose of assisting you. Where they may be further uses or actions involving your information (e.g. referrals, legal proceedings), this will be discussed with you at the time.

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Mandatory Reporting

As KFSS Neighbourhood Centre Inc. is funded by Department of Communities and Justice we are obliged to mandatory reporting if at any time, signs of child abuse or neglect is apparent.

Consent to Share Information

Our ongoing commitment is to provide appropriate services to you and your family. As part of your case management, our Service may need to share your information with other agencies (e.g. legal aid, Housing NSW etc). As we are funded by DCJ we are also required to report statistical data using the Data Exchange for funding purposes only.

I give my consent:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Check List

<input type="checkbox"/> Participant referral form completed and signed	<input type="checkbox"/> Consent for Sharing Information completed
<input type="checkbox"/> Mandatory Reporting explained	<input type="checkbox"/> Participant agrees to Case Management
<input type="checkbox"/> Is Chapter 16A of the Child and Young Person's Act required?	

If you agree to KFSS Neighbourhood Centre providing you with services based upon your individual needs, and agree to the above conditions, please sign below.

Participant Name:		Signature:		Date:	
Witness Name:		Signature:		Date:	

Was a referral made to another Service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other
If yes, was this referral internal or external?	<input type="checkbox"/> Internal	<input type="checkbox"/> External	<input type="checkbox"/> Other
If yes, what was the purpose of this referral?			
<input type="checkbox"/> Physical Health	<input type="checkbox"/> Mental Health, wellbeing, Self-Care	<input type="checkbox"/> Personal & Family Safety	
<input type="checkbox"/> Age appropriate Development	<input type="checkbox"/> Community Participation & Networks	<input type="checkbox"/> Family Functioning	
<input type="checkbox"/> Financial resilience	<input type="checkbox"/> Housing	<input type="checkbox"/> Education and skills training	
<input type="checkbox"/> Material wellbeing and basic necessities	<input type="checkbox"/> Other		

Office Use Only

Case Worker Name:		Case File ID:	
Date File Opened:		Data File Closed:	
Signature:		Name:	
Address:			

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