

# CLIENT REFERRAL FORM - INCOMING

Date of Referral:        /        /

MDSI Caseworkers Name (if known): \_\_\_\_\_

Forward to: **Macarthur Diversity Services Initiative Ltd**

**Level 3, 171 – 179 Queen Street**

**P O Box 525** (if posting by mail)

**Campbelltown NSW 2560**

**Tel. No: 02 4627 1188,    Fax No: 02 4628 6068,    Email: [info@mdsi.org.au](mailto:info@mdsi.org.au)**

## 1. DETAILS OF THE INITIATING / REFERRING ORGANISATION

Name of the organisation making this referral: _____		
<input type="radio"/> Community Organisation <input type="radio"/> Government Agency <input type="radio"/> Other $\implies$ please provide details _____		
Contact Person's Name: _____		
Work Tel. No: _____	Mobile No: _____	Email: _____

## 2. CLIENT'S DETAILS / IMPORTANT INFORMATION

<b>Family name:</b> _____		<b>Given names:</b> _____	
Address: _____			Postcode: _____
Telephone No: _____	Gender: <input type="radio"/> F <input type="radio"/> M	Date of Birth: _____	
Mobile No: _____		ID Validation: _____	
Email: _____			
Country of Birth: _____	Date of Arrival: _____	Visa Category: _____	Living with a Disability? <input type="radio"/> Yes <input type="radio"/> No
Does the client identify themselves as being from a Culturally or Linguistically Diverse background? <input type="radio"/> Yes <input type="radio"/> No		Does the client identify themselves as being from an Aboriginal or Torres Strait Island background? <input type="radio"/> Yes <input type="radio"/> No	
How well does the client speak English? <input type="radio"/> Very well <input type="radio"/> Not well <input type="radio"/> Well <input type="radio"/> Not at all		Is an interpreter required? <input type="radio"/> Yes    Language _____ <input type="radio"/> No	
Has this client undergone a recent Risk Assessment? <input type="radio"/> Yes <input type="radio"/> No			
Date of the last Risk Assessment undertaken for this client _____ a copy of this, has been attached <input type="radio"/> Yes <input type="radio"/> No			

### 3. CLIENT'S OTHER FAMILY MEMBERS AND THEIR DETAILS

Name	M / F	Age	Relationship to this client

### 4. CLIENT BEING REFERRED TO Macarthur Diversity Services Initiative for:

(Please tick all of the applicable services that you feel that the client maybe needing assistance in / with)

- Aged Care / Dementia Care / Home Support / Social Groups / Activities / Outings
- Case Management
- Claymore Child & Family Connect Program
- Complex Case Support (CCS)
- Disability Services / NDIS Support Coordination
- Domestic Violence Support
- Early Intervention and Prevention Program/s
- Electricity / Water / Telstra Bill - Payment Advice / Assistance
- English Classes
- Home Interaction Program for Parents and Youngsters (HIPPY) (Home Reading and Tutoring Program)
- Immigration Advice / Support / Network Information
- Men's Shed / Social Support / Networking
- No Interest Loan Scheme (NILS)
- Parenting Programs / Parenting Support / Resilience Programs
- Playgroups / Parenting Support
- Settlement Support / Integration Support / Resilience Programs
- Social Support / Social Inclusion / Group Activities
- Women's Support Groups / Development Groups / Resilience Programs
- Youth Services / Youth Outings / Youth Groups / Youth Resilience Programs / Youth Employment Assistance Programs
- Other    ➡    Please give details \_\_\_\_\_

### 5. ANY ADDITIONAL COMMENTS / RELEVANT INFORMATION