

Date of Referral: / /

Focus Connect Caseworkers Name (if known): _____

Forward to: **Focus Connect**
Level 3, 171 – 179 Queen Street
P O Box 525 (if posting by mail)
Campbelltown NSW 2560
Tel. No: 02 4627 1188
Email: info@focusconnect.org.au

1. DETAILS OF THE REFERRING ORGANISATION

Name of the organisation making this referral: _____		
<input type="radio"/> Community Organisation <input type="radio"/> Government Agency <input type="radio"/> Other ⇒ please provide details _____		
Contact Person's Name: _____		
Phone: _____	Mobile: _____	Email: _____

2. CONSUMER'S DETAILS/IMPORTANT INFORMATION

Family Name: _____		Given Name/s: _____	
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 consumer identify as being from a Culturally or Linguistically Diverse background? <input type="radio"/> Yes <input type="radio"/> No		Does the consumer identify as being from an Aboriginal or Torres Strait Island background? <input type="radio"/> Yes <input type="radio"/> No	
How well does the consumer 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	
Is the consumer homeless? <input type="radio"/> Yes <input type="radio"/> No		Has the consumer been homeless in the last 12 months? <input type="radio"/> Yes <input type="radio"/> No	
Has this consumer undergone a recent Risk Assessment? <input type="radio"/> Yes <input type="radio"/> No		Date of the last Risk Assessment undertaken for this consumer _____ a copy of this, has been attached? <input type="radio"/> Yes <input type="radio"/> No	

3. CONSUMER'S OTHER FAMILY MEMBERS AND THEIR DETAILS

Name	M/F	Age	Relationship to consumer

4. CONSUMER BEING REFERRED TO FOCUS CONNECT FOR:

(Please tick all applicable services consumer may require)

- Aged Care/Dementia Care/Home Support/Social Groups/Activities/Outings
- Case Management
- Claymore Child & Family Connect Program
- Complex Case Support (CCS)
- NDIS Disability Service Delivery/NDIS Disability 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)
- 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 \Rightarrow Please give details _____
