Forward to: **Focus Connect**

**3 Chamberlain Street, Campbelltown NSW 2560**

Tel: **02 4627 1188**

Email: **info@focusconnect.org.au**

1. **Details of Referring Organisation**

|  |
| --- |
| Referral Date: |
| Organisation: |
| Name of Referrer: |
| Contact Details (Email/Contact Number): |

1. **Client Details**

|  |
| --- |
| Family Name: Given Name: |
| Gender: Date of Birth: |
| Does the client identify as being from an Aboriginal or Torres Strait Islander background?  Yes  No  Prefer not to say |
| Address: |
| Contact Number: Email: |
| Country of Birth: Date of arrival: VISA Status: |
| Is it safe to contact or leave a message? Preferred Method of Contact?  Voicemail  Text Message  Text Message  Phone call  Email  Email |
| Does the client identify as being Culturally or Linguistically Diverse?  Yes  No |
| Does the client require an Interpreter?  Yes  No  *If yes, please specify language:* |
| Homeless or at risk of homelessness?  Yes  No |
| Living with a Disability?  Yes  No  *If yes, please specify diagnosis:* |
| Are there any other services involved with the client?  Yes  No  *If yes, please specify services:* |
| Are you aware of any current Domestic and/or Family Violence concerns? *If yes, please specify:* |
| Are you aware of any immediate concerns for the safety of the client or client’s children? *If yes, please specify details and note any actions taken:* |
| Has the client undergone any Safety and/or Risk Assessments?  *Please attach relevant assessments (including DVSAT if completed)*  Yes  No |

1. **Client Family Member Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Gender | Date of Birth | Relationship to client | Living with a Disability? *(Y/N)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Reason for referral**

|  |
| --- |
| **Please indicate reason for referral:**  **Focus Connect Programs** *(Please tick all applicable services client may require)*  Case Management  Domestic and Family Violence support  Home Interaction Program for Parents and Youngsters (HIPPY)  Parenting programs/parenting support  Playgroups (supported playgroups and/or Start Strong Pathways program)  Electricity/Water/Telstra Bill assistance  Emergency Relief  No Interest Loan Scheme (NILS)  Aged Care support/social groups/outings  NDIS service support/support coordination  Men’s Shed/social support group  Other *(please give details)*: |

1. **Further concerns, information, or questions:**

|  |
| --- |
|  |

1. **Client Consent**

Has the client been notified of the referral?

Yes

No

1. **Signature of referrer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_