Forward to: **Focus Connect**

 **3 Chamberlain Street, Campbelltown NSW 2560**

 Tel: **02 4627 1188**

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

1. **Details of Referring Organisation**

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

1. **Client Details**

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| 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**

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

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| **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:**

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1. **Client Consent**

Has the client been notified of the referral?

 [ ]  Yes

 [ ]  No

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