

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):

2. Client Details

Family Name:	Given Name:	
Gender:	Date of Birth:	
Does the client identify as being from an Aboriginal or Torres Strait Islander background? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Voicemail <input type="checkbox"/> Text Message <input type="checkbox"/> Email		Preferred Method of Contact? <input type="checkbox"/> Text Message <input type="checkbox"/> Phone call <input type="checkbox"/> Email
Does the client identify as being Culturally or Linguistically Diverse? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the client require an Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please specify language:</i>		
Homeless or at risk of homelessness? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Living with a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please specify diagnosis:</i>
Are there any other services involved with the client? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please specify services:</i>
Are you aware of any current Domestic and/or Family Violence concerns? <i>If yes, please specify:</i>
Are you aware of any immediate concerns for the safety of the client or client's children? <i>If yes, please specify details and note any actions taken:</i>
Has the client undergone any Safety and/or Risk Assessments? <i>Please attach relevant assessments (including DVSA if completed)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Client Family Member Details

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

4. 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):*

5. Further concerns, information, or questions:**6. Client Consent**

Has the client been notified of the referral?

- Yes
- No

7. Signature of referrer: _____