

REFERRAL INFORMATION FORM

Purpose

The Referral Information Form collects information to assess a family's eligibility for the Brighter Futures Program. It records information about the referrer, primary carer/ parent(s) and children, consent to collect and exchange personal information for the purpose of eligibility assessment, evaluation and monitoring. Information will be treated confidentially and will not be used for any other purposes than what is stated here.

Instructions

1. The Referral Information Form should be completed in consultation with the primary carer/parent(s) / family whenever possible. The structure of this form must not be changed to provide additional information or to delete information.
2. Consent must be obtained from the primary carer/ parent(s) so that personal information can be provided to the CareSouth and to the Brighter Futures Assessment Unit (BFAU). This form is used to determine eligibility to the Program.
 - a. Information can only be recorded on this form for the primary carer/parent(s) who have provided their consent.
 - b. The primary carer / parent(s) are able to consent on behalf of children **under** the age of 16 years.
 - c. Where a primary carer or adult does not agree to the collection and exchange of their personal information, only details relating to the consenting adult and child/ren should be recorded.
 - d. Where the primary carer/parent(s) give verbal consent but not written consent, the referral can still proceed. The referring agency should fill out Section 2 indicating who gave consent, and sign 'Verbal Consent by Primary Carer/ Parent(s)' in Section 6.
 - e. If primary carer/parent(s) agree to written consent, the Consent Form (Section 6) must be signed and dated.
3. The referring agency should contact CareSouth by phone to advise that a referral is being made, where possible with the primary carer/parent(s) present. The completed form should be emailed/ faxed to the CareSouth immediately after this (or within a timeframe to be negotiated with CareSouth Intake Officer).
4. CareSouth will check that all information needed for determining eligibility has been provided. The structure of this form must not be changed to provide additional information or to delete information.
5. Information on the outcome of the referral will be provided to the referring service within 10 working days of the completed Referral Information Form being received by CareSouth.
6. If the family is determined eligible but the Lead Agency has no current capacity to commence case management, the family will be placed on the Lead Agency's eligibility list for a period of 28 working days. Parents should indicate their agreement to be put on an eligibility list on the consent form under Section 6.
7. A referral to CareSouth Brighter Futures is not appropriate if a 'risk of significant harm' report to community services Child Protection Helpline is planned or has been made

Referrers should fax completed, signed and dated Referral Forms to:

Attention: Intake Officer

Fax: 4225 7599

Phone: 42257588

Email: brighterfuturesintake@caresouth.org.au

Section 1: Referral Details						
1	Referral Date	/ /	(dd/mm/yyyy)	<i>Date the referral was made</i>		
Referring Agency Details (if applicable)						
2	Referring Agency Name					
3	Referrer Name					
4	Address				Postcode	
5	Phone	()	Fax ()			
6	Email Address					
7	Referral Received Date	/ /	(dd/mm/yyyy)	<i>Date the Referral was received by Lead Agency</i>		
Lead Agency Details						
8	Referring Agency Name	CARESOUTH BRIGHTER FUTURES				
10	Address	Unit 2/ 19- 21 RALPH BLACK DRIVE				
		NORTH WOLLONGONG			Postcode	2500
11	Phone	(02) 4225 7588		Fax (02) 4225 7599		
Section 2: Consent Confirmation (to be completed by the referrer)						
The purpose of gaining consent from the primary carer / parent(s) is to enable CareSouth to assess eligibility to the Brighter Futures Program. This information will also be used for evaluation of the program. Information will be treated confidentially.						
1	Is the family aware that any information provided when they are in the program (from the point they are determined eligible for the program until they withdraw from the program) can be used for the evaluation of the Brighter Futures Program? Is the family aware that participation in the program may involve participation in surveys?					
	<input type="checkbox"/>	Yes				
	<input type="checkbox"/>	No (specify reason)				
2	Were the primary carer / parent(s) recorded in Section 3 provided with information about the use and protection of their family's personal information?					
	<input type="checkbox"/>	Yes				
	<input type="checkbox"/>	No (specify reason)				
3	Has consent been provided in Section 6 for every carer and child who has their personal information recorded on this Referral Information Form?					
	<input type="checkbox"/>	Verbal Consent				
	<input type="checkbox"/>	Written Consent (signed consent form using Section 6)				
4	Have the primary carer/parent(s) placed any restrictions on the personal information to be provided.					
	<input type="checkbox"/>	Yes (specify reason)				
	<input type="checkbox"/>	No				
Referral Declaration:						
I, (Name)		of (Agency)				
confirm the details in Section 2 of the Referral Information Form are correct and that a consent form (Section 6) has been completed and filed securely.						
Signed (Agency) worker			Position		Date / /	

Section 3: Adult information (for adults providing consent in Section 6)

Primary Carer			
Details to be provided by this adult after their consent is gained			
1	First Name		
2	Surname		
3	Date of Birth	/ /	(dd/mm/yyyy)
4	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
5	Current Address		
		Post Code	
	Telephone		
	Mobile		
6	Is the person an Aboriginal or Torres Strait Islander?		
	<input type="checkbox"/>	No	
	<input type="checkbox"/>	Aboriginal	
	<input type="checkbox"/>	Torres Strait Islander	
	<input type="checkbox"/>	Both Aboriginal and TSI	
	<input type="checkbox"/>	Not known	
7	Country of Birth		
8	Main Language other than English spoken at home?		
9	Is an Interpreter required?		
	<input type="checkbox"/>	Yes (language)	
	<input type="checkbox"/>	No	
10	Does this person have a diagnosed disability?		
	<input type="checkbox"/>	No disability	
	<input type="checkbox"/>	Intellectual/learning	
	<input type="checkbox"/>	Psychiatric	
	<input type="checkbox"/>	Sensory/speech	
	<input type="checkbox"/>	Physical/diverse	
	<input type="checkbox"/>	Other – (Please specify)	
11	Other Information		

Other Carer			
Details to be provided by this adult after their consent is gained			
1	First Name		
2	Surname		
3	Date of Birth	/ /	(dd/mm/yyyy)
4	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
5	Current Address		
		Post Code	
	Telephone		
	Mobile		
6	Which best describes this person's status in the household?		
	<input type="checkbox"/>	Partner of a primary carer	
	<input type="checkbox"/>	An adult in the household	
	<input type="checkbox"/>	Other please specify below	
7	Is the person an Aboriginal or Torres Strait Islander?		
	<input type="checkbox"/>	No	
	<input type="checkbox"/>	Aboriginal	
	<input type="checkbox"/>	Torres Strait Islander	
	<input type="checkbox"/>	Both Aboriginal and TSI	
	<input type="checkbox"/>	Not known	
8	Country of Birth		
9	Main Language other than English spoken at home?		
10	Is an Interpreter required?		
	<input type="checkbox"/>	Yes (language)	
	<input type="checkbox"/>	No	
11	Does this person have a diagnosed disability?		
	<input type="checkbox"/>	No disability	
	<input type="checkbox"/>	Intellectual/learning	
	<input type="checkbox"/>	Psychiatric	
	<input type="checkbox"/>	Sensory/speech	
	<input type="checkbox"/>	Physical/diverse	
	<input type="checkbox"/>	Other – (Please specify)	
12	Other information		

Section 4: Child information

Child 1					
1	First Name				
2	Surname				
3	Date of Birth	/	/	(dd/mm/yyyy)	
4	Date of Birth Status	<input type="checkbox"/>	Confirmed	<input type="checkbox"/>	Approximate
5.	Sex	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
6a	How is the child related to the Primary Carer?				
		<input type="checkbox"/>	Biological Child		
		<input type="checkbox"/>	Adopted Child		
		<input type="checkbox"/>	Step Child		
		<input type="checkbox"/>	Other (Please Specify)		
		<input type="checkbox"/>	Unrelated		
6b	How is the child related to the Secondary Carer?				
		<input type="checkbox"/>	Biological Child		
		<input type="checkbox"/>	Adopted Child		
		<input type="checkbox"/>	Step Child		
		<input type="checkbox"/>	Other (Please specify)		
		<input type="checkbox"/>	Unrelated		
7.	Is the child Aboriginal or Torres Strait Islander?				
		<input type="checkbox"/>	No		
		<input type="checkbox"/>	Aboriginal		
		<input type="checkbox"/>	Torres Strait Islander		
		<input type="checkbox"/>	Both Aboriginal & TSI		
		<input type="checkbox"/>	Not known		
8.	Does this person have a diagnosed disability?				
		<input type="checkbox"/>	No disability		
		<input type="checkbox"/>	Intellectual/learning		
		<input type="checkbox"/>	Psychiatric		
		<input type="checkbox"/>	Sensory/speech		
		<input type="checkbox"/>	Physical/diverse		
		<input type="checkbox"/>	Other – (Please specify below)		

Child 2					
1	First Name				
2	Surname				
3	Date of Birth	/	/	(dd/mm/yyyy)	
4	Date of Birth Status	<input type="checkbox"/>	Confirmed	<input type="checkbox"/>	Approximate
5.	Sex	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
6a	How is the child related to the Primary Carer?				
		<input type="checkbox"/>	Biological Child		
		<input type="checkbox"/>	Adopted Child		
		<input type="checkbox"/>	Step Child		
		<input type="checkbox"/>	Other (Please Specify)		
		<input type="checkbox"/>	Unrelated		
6b	How is the child related to the Secondary Carer?				
		<input type="checkbox"/>	Biological Child		
		<input type="checkbox"/>	Adopted Child		
		<input type="checkbox"/>	Step Child		
		<input type="checkbox"/>	Other (Please specify)		
		<input type="checkbox"/>	Unrelated		
7.	Is the child Aboriginal or Torres Strait Islander?				
		<input type="checkbox"/>	No		
		<input type="checkbox"/>	Aboriginal		
		<input type="checkbox"/>	Torres Strait Islander		
		<input type="checkbox"/>	Both Aboriginal & TSI		
		<input type="checkbox"/>	Not known		
8.	Does this person have a diagnosed disability?				
		<input type="checkbox"/>	No disability		
		<input type="checkbox"/>	Intellectual/learning		
		<input type="checkbox"/>	Psychiatric		
		<input type="checkbox"/>	Sensory/speech		
		<input type="checkbox"/>	Physical/diverse		
		<input type="checkbox"/>	Other – (Please specify below)		

Section 4: Child information

Child 3					
1	First Name				
2	Surname				
3	Date of Birth	/	/	(dd/mm/yyyy)	
4	Date of Birth Status	<input type="checkbox"/>	Confirmed	<input type="checkbox"/>	Approximate
5.	Sex	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
6a	How is the child related to the Primary Carer?				
		<input type="checkbox"/>	Biological Child		
		<input type="checkbox"/>	Adopted Child		
		<input type="checkbox"/>	Step Child		
		<input type="checkbox"/>	Other (Please Specify)		
		<input type="checkbox"/>	Unrelated		
6b	How is the child related to the Secondary Carer?				
		<input type="checkbox"/>	Biological Child		
		<input type="checkbox"/>	Adopted Child		
		<input type="checkbox"/>	Step Child		
		<input type="checkbox"/>	Other (Please specify)		
		<input type="checkbox"/>	Unrelated		
7.	Is the child Aboriginal or Torres Strait Islander?				
		<input type="checkbox"/>	No		
		<input type="checkbox"/>	Aboriginal		
		<input type="checkbox"/>	Torres Strait Islander		
		<input type="checkbox"/>	Both Aboriginal & TSI		
		<input type="checkbox"/>	Not known		
8.	Does this person have a diagnosed disability?				
		<input type="checkbox"/>	No disability		
		<input type="checkbox"/>	Intellectual/learning		
		<input type="checkbox"/>	Psychiatric		
		<input type="checkbox"/>	Sensory/speech		
		<input type="checkbox"/>	Physical/diverse		
		<input type="checkbox"/>	Other – (Please specify below)		

Child 4					
1	First Name				
2	Surname				
3	Date of Birth	/	/	(dd/mm/yyyy)	
4	Date of Birth Status	<input type="checkbox"/>	Confirmed	<input type="checkbox"/>	Approximate
5.	Sex	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
6a	How is the child related to the Primary Carer?				
		<input type="checkbox"/>	Biological Child		
		<input type="checkbox"/>	Adopted Child		
		<input type="checkbox"/>	Step Child		
		<input type="checkbox"/>	Other (Please Specify)		
		<input type="checkbox"/>	Unrelated		
6b	How is the child related to the Secondary Carer?				
		<input type="checkbox"/>	Biological Child		
		<input type="checkbox"/>	Adopted Child		
		<input type="checkbox"/>	Step Child		
		<input type="checkbox"/>	Other (Please specify)		
		<input type="checkbox"/>	Unrelated		
7.	Is the child Aboriginal or Torres Strait Islander?				
		<input type="checkbox"/>	No		
		<input type="checkbox"/>	Aboriginal		
		<input type="checkbox"/>	Torres Strait Islander		
		<input type="checkbox"/>	Both Aboriginal & TSI		
		<input type="checkbox"/>	Not known		
8.	Does this person have a diagnosed disability?				
		<input type="checkbox"/>	No disability		
		<input type="checkbox"/>	Intellectual/learning		
		<input type="checkbox"/>	Psychiatric		
		<input type="checkbox"/>	Sensory/speech		
		<input type="checkbox"/>	Physical/diverse		
		<input type="checkbox"/>	Other – (Please specify below)		

Section 4: Child information

Child 5					
1	First Name				
2	Surname				
3	Date of Birth	/	/	dd/mm/yyyy)	
4	Date of Birth Status	<input type="checkbox"/>	Confirmed	<input type="checkbox"/>	Approximate
5.	Sex	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
6a	How is the child related to the Primary Carer?				
		<input type="checkbox"/>	Biological Child		
		<input type="checkbox"/>	Adopted Child		
		<input type="checkbox"/>	Step Child		
		<input type="checkbox"/>	Other (Please Specify)		
		<input type="checkbox"/>	Unrelated		
6b	How is the child related to the Secondary Carer?				
		<input type="checkbox"/>	Biological Child		
		<input type="checkbox"/>	Adopted Child		
		<input type="checkbox"/>	Step Child		
		<input type="checkbox"/>	Other (Please specify)		
		<input type="checkbox"/>	Unrelated		
7.	Is the child Aboriginal or Torres Strait Islander?				
		<input type="checkbox"/>	No		
		<input type="checkbox"/>	Aboriginal		
		<input type="checkbox"/>	Torres Strait Islander		
		<input type="checkbox"/>	Both Aboriginal & TSI		
		<input type="checkbox"/>	Not known		
8.	Does this person have a diagnosed disability?				
		<input type="checkbox"/>	No disability		
		<input type="checkbox"/>	Intellectual/learning		
		<input type="checkbox"/>	Psychiatric		
		<input type="checkbox"/>	Sensory/speech		
		<input type="checkbox"/>	Physical/diverse		
		<input type="checkbox"/>	Other – (Please specify below)		

Child 6					
1	First Name				
2	Surname				
3	Date of Birth	/	/	(dd/mm/yyyy)	
4	Date of Birth Status	<input type="checkbox"/>	Confirmed	<input type="checkbox"/>	Approximate
5.	Sex	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
6a	How is the child related to the Primary Carer?				
		<input type="checkbox"/>	Biological Child		
		<input type="checkbox"/>	Adopted Child		
		<input type="checkbox"/>	Step Child		
		<input type="checkbox"/>	Other (Please Specify)		
		<input type="checkbox"/>	Unrelated		
6b	How is the child related to the Secondary Carer?				
		<input type="checkbox"/>	Biological Child		
		<input type="checkbox"/>	Adopted Child		
		<input type="checkbox"/>	Step Child		
		<input type="checkbox"/>	Other (Please specify)		
		<input type="checkbox"/>	Unrelated		
7.	Is the child Aboriginal or Torres Strait Islander?				
		<input type="checkbox"/>	No		
		<input type="checkbox"/>	Aboriginal		
		<input type="checkbox"/>	Torres Strait Islander		
		<input type="checkbox"/>	Both Aboriginal & TSI		
		<input type="checkbox"/>	Not known		
8.	Does this person have a diagnosed disability?				
		<input type="checkbox"/>	No disability		
		<input type="checkbox"/>	Intellectual/learning		
		<input type="checkbox"/>	Psychiatric		
		<input type="checkbox"/>	Sensory/speech		
		<input type="checkbox"/>	Physical/diverse		
		<input type="checkbox"/>	Other – (Please specify below)		

Section 5: Family's Identified Issues

1.		Which of the following issues have been identified? Tick all applicable issues	
	Issue	Comments are the recent identified issues and/or those issues that reflect a chronic situation. Has the family been involved with other services to address these issues	
i.	<input type="checkbox"/> Domestic Violence - Indicators might include: <ul style="list-style-type: none"> <input type="checkbox"/> Ongoing violence by any family member <input type="checkbox"/> A pattern of power and control exists <input type="checkbox"/> Isolation <input type="checkbox"/> Financial Control <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Not allowed to make choices <input type="checkbox"/> Breaches or disregard of an AVO 		
ii.	<input type="checkbox"/> Drug or Alcohol misuse – Interferes with daily functioning. Indicators may include: <ul style="list-style-type: none"> <input type="checkbox"/> Family conflict over substance abuse <input type="checkbox"/> Inability to carry out daily household tasks <input type="checkbox"/> Unwilling to carry out daily tasks <input type="checkbox"/> Recent criminal behaviour associated with substance abuse <input type="checkbox"/> Domestic violence associated with substance abuse. <input type="checkbox"/> Negatively impacts on care & supervision of child/ren <input type="checkbox"/> There is a risk of abuse and/or neglect 		
iii.	<input type="checkbox"/> Parent Mental Health Issues: Parent has a mental health problem or diagnosed mental illness that interferes with daily functioning. Indicators might include: <ul style="list-style-type: none"> <input type="checkbox"/> Family Conflict <input type="checkbox"/> Unwilling or unable to carry out daily tasks <input type="checkbox"/> Frequent hospitalisations <input type="checkbox"/> Associated domestic violence <input type="checkbox"/> Impacts on ability to supervise <input type="checkbox"/> There is a risk of abuse and/or neglect 		
iv.	<input type="checkbox"/> Parent/s with significant Learning Difficulties or Intellectual Difficulties: Impairment might include: <ul style="list-style-type: none"> Ability to manage his/her own life: <ul style="list-style-type: none"> <input type="checkbox"/> Finances <input type="checkbox"/> Household Ability to adequately provide care, supervise or protect infant /child: <ul style="list-style-type: none"> <input type="checkbox"/> There is a risk of abuse and/or neglect 		
v.	<input type="checkbox"/> Lack of Parenting Skills or Inadequate Supervision - Indicators might include: <ul style="list-style-type: none"> Child's behaviour indicates: <ul style="list-style-type: none"> <input type="checkbox"/> impact of excessive discipline <input type="checkbox"/> impact of inappropriate discipline Stressors present leading to: <ul style="list-style-type: none"> <input type="checkbox"/> Volatile parent behaviour <input type="checkbox"/> Increase in severity of discipline <input type="checkbox"/> Child's developmental milestones not met <input type="checkbox"/> Child's Health condition treatment not sought <input type="checkbox"/> Parent willing to access services Signs of poor diet <ul style="list-style-type: none"> <input type="checkbox"/> Child/ren underweight <input type="checkbox"/> Child/ren overweight <input type="checkbox"/> Food choices <input type="checkbox"/> Indication of the child/ren being left alone and/or in circumstances that may place them at risk 		

Section 5: Family's Identified Issues

2.	Please outline the referring agency's involvement with the child/family		
3.	Family's current involvement with other services (if any)		
5.	Is the mother pregnant?		
	<input type="checkbox"/>	Yes (Enter estimated Date of Birth)	/ /
	<input type="checkbox"/>	No	
6.	Are you aware of a recent or planned ROSH report?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	From the list of 5 vulnerabilities above please identify one that is the main reason for referring this family?		
8.	What has the family identified as the main priority?		

Section 6: Primary Carer /Parent(s) Consent			
Consent for Provision of Information for Referral to the Brighter Futures Program			
I / We (please print your name/s)			
agree to my / our personal information being collected, held and sent to CareSouth's Brighter Futures Program and the CareSouth Brighter Futures Team so they can determine if my/our family is eligible for the Brighter Futures Program. I/we understand and agree that this information can be used for the purpose of evaluation (including surveys and questionnaire) of the Brighter Futures Program by CareSouth.			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

My / Our consent will stop if I / we give CareSouth Brighter Futures Program notice in writing.

I / We have been informed about how our personal information will be used and I / we give my / our information voluntarily.			
Signed by Carer / Parent(s)	X	Dated	/ / (dd/mm/yyyy)
Signed by Carer / Parent(s)	X	Dated	/ / (dd/mm/yyyy)

Primary Carer / Parent(s) consent on behalf of children under 16 years or family members who lack legal capacity.			
I/we (please print your name/s)			
as (eg primary carer/parent(s))		give my / our consent on behalf of:	
(print child's name / family member in boxes below)			
for my / our children / family member's personal information to given to (name of agency)			
and the CareSouth Brighter Futures Team so they can determine if my family is eligible for the Brighter Futures Program. I / we under understand and agree that this information can be used for the purposes of evaluation (including surveys and questionnaires) of the Bright Futures Program by CareSouth.			

Section 6: Primary Carer /Parent(s) Consent (cont'd)

Consent for Provision of Information for Referral to the Brighter Futures Program

If it is decided that my / our family are eligible for the Program but no places are currently available, I / we agree to the information recorded in the Referral Information Form being stored on a waiting list with CareSouth's Brighter Futures Program for a period of up to 28 days.

v Yes No

My / Our consent will stop if I / we give CareSouth Brighter Futures Program notice in writing.

Signed on behalf of children / family members X		Dated	/ / (dd/mm/yyyy)
--	--	--------------	------------------

Verbal Consent by Primary Carer / Parent(s)

To be used by Referring Agency where it is not possible to obtain primary carer / parent(s) consent in writing

I/we (please print your name/s)			
of (agency)		obtained the verbal consent of	
of (primary carer or parent(s) name)			
on (date)	/ / (dd/mm/yyyy)		
for this agency to collect, hold and send his / her family's personal information to the CareSouth Brighter Futures Program and the CareSouth Brighter Futures Team to determine if the family is eligible for the Brighter Futures Program.			
Signed (referral agency) worker		Dated	/ / (dd/mm/yyyy)
Position			