



Brighter Futures

Referral Information Form

Instructions

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 and consent to collect and exchange personal information for the purposes of eligibility assessment, evaluation and monitoring. Information will be treated confidentially and will not be used for any purposes other than those 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 CareSouth and to the Community Services Centre (CSC). This is used to determine the eligibility for the Program.
 - Information can only be recorded on this form for primary carer/parent(s) who have provided their consent.
 - The primary carer/parent(s) are able to consent on behalf of children under the age of 16.
 - 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.
 - Where the primary carer/parent(s) give **verbal** consent but not written consent, the referral can still proceed. The referring agency should fill out the **Consent Confirmation** section indicating who gave consent, and sign "Verbal Consent by Primary Carer /Parent(s)" in the **Primary Carer/ Parent(s) Consent** section.
 - If primary carer/parent(s) agree to **written** consent, the consent form (**Primary Carer/ Parent(s) Consent** section) must be signed.
3. The referring agency must 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 Lead Agency immediately after this (or within a timeframe to be negotiated with the Lead Agency).
4. CareSouth must 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 family within 7 working days of the completed *Referral Information Form* being received by the CareSouth. Each eligible family will be assigned a **family identifier**, and each member of the eligible family will be assigned a **person number** by Community Services.
6. If the family is determined eligible but CareSouth has no current capacity to commence case management, the family will be placed on CareSouth's **eligibility list** for a period up to 3 months. Parents should indicate their agreement to be put on an eligibility list on the paper based version of the form - **Primary Carer/ Parent(s) Consent** section. When maintaining the eligibility list CareSouth should ensure that the **family identifier** is recorded against the family details.
7. Any questions concerning the *Referral Information Form* can be directed to CareSouth.

The information on this document is of a sensitive and confidential nature. Disclosing the document or its contents to any other person may constitute a criminal offence. Please take all reasonable measures to ensure that this document is kept securely and not copied or distributed unnecessarily.

Section 1 - Referral Details

1. Referral date: __ / __ / ____ (dd/mm/yyyy) *Date the Referral was made*

Referring Agency Details (if applicable):

2. Referring Agency Name: _____

3. Referrer Name: _____

4. Address: _____ Postcode _____

5. Phone: _____ Fax: _____ E-mail _____

6. Date referral received by the CareSouth: __ / __ / ____ (dd/mm/yyyy)

CareSouth Details:

7. CareSouth Name: _____

8. Agency Identifier: _____

9. Name of CareSouth contact for this referral _____

10. Contact Phone: _____

11. Community Service Centre: _____

Section 2 Consent Confirmation (To be completed by the referrer)

The purpose of gaining consent from the primary carer/parent(s) is to enable the local Community Services Centre to assess eligibility to the Early Intervention Program. Some of this information will also be used for evaluation of the program. Information will be treated confidentially.

Q1 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 and questionnaires undertaken by the Social Policy Research Centre, University of NSW and that they are also consenting to participate in this research if requested?:

- ₁ Yes
₂ No (specify reason)
-

Q2 Were the primary carer/parent(s) provided with information about the use and protection of their family's personal information?

- ₁ Yes
₂ No (specify reason)
-

Q3 Has consent been provided in Section 6 for every carer and child who has their personal information recorded on this *Referral Information Form*.

- ₁ Verbal Consent (**Primary Carer/ Parent(s) Consent** section)
₂ Written Consent (signed consent form - **Primary Carer/ Parent(s) Consent** section 6)

Q4 Have the primary carer/parent(s) placed any restrictions on the personal information to be provided? If so, please specify:

Referrer Declaration:

I, [Please Print]

of (Agency),

Date/...../.....

Confirm the details in Section 2 of this *Referral Information Form* are correct and that a consent form (Section 6) has been completed and filed securely.

Signed (agency) worker.....

Position.....

Section 3. Adult Information. (For adults providing consent in Section 6)

Primary Carer

Has consent for the Provision of information for Referral to the Brighter Futures program been provided by this person in Section 6 of the written form?

₁ Verbal Consent

₂ Written Consent

Date of Consent: _____

First Name: _____ Family Name: _____

Date of Birth: _____

Sex: ₁ Male

₂ Female

Street Address: _____

Suburb: _____ State: _____ Post Code: _____

Telephone: _____ Mobile: _____

Which of the following best describes this person's status in the household?

₁ Partner of Primary Carer

₂ An adult in the household

₃ Other (Specify) _____

What is the person's indigenous status?

₁ No

₂ Aboriginal

₃ Torres Strait Islander

₄ Both Aboriginal & Torres Strait Is.

₅ Not known

Country of Birth: _____

What is the main language other than English spoken at home? _____

Is an interpreter required? ₁ Yes ₂ No

Does this person have a diagnosed disability?

<input type="checkbox"/> ₁ No	<input type="checkbox"/> ₆ Psychiatric	<input type="checkbox"/> ₁₁ Physical
<input type="checkbox"/> ₂ Intellectual inc Down Syndrome	<input type="checkbox"/> ₇ Deaf/Blind (dual sensory)	<input type="checkbox"/> ₁₂ Acquired Brain Injury
<input type="checkbox"/> ₃ Learning Disorder / ADD	<input type="checkbox"/> ₈ Vision	<input type="checkbox"/> ₁₃ Neurological incl epilepsy
<input type="checkbox"/> ₄ Autism	<input type="checkbox"/> ₉ Hearing	<input type="checkbox"/> ₁₄ Disability group not yet classified
<input type="checkbox"/> ₅ Development Delay Child Under 7	<input type="checkbox"/> ₁₀ Speech	

Other Information:

Additional Carer

Has consent for the Provision of information for Referral to the Brighter Futures program been provided by this person in Section 6 of the written form?

- ₁ Verbal Consent
₂ Written Consent

Date of Consent: _____

First Name: _____ Family Name: _____

Date of Birth: _____

- Sex: ₁ Male
₂ Female

Street Address: _____

Suburb: _____ State: _____ Post Code: _____

Telephone: _____ Mobile: _____

Which of the following best describes this person's status in the household?

- ₁ Partner of Primary Carer
₂ An adult in the household
₃ Other (Specify) _____

What is the person's indigenous status?

- ₁ No
₂ Aboriginal
₃ Torres Strait Islander
₄ Both Aboriginal & Torres Strait Is.
₅ Not known

Country of Birth: _____

What is the main language other than English spoken at home? _____

Is an interpreter required? ₁ Yes ₂ No

Does this person have a diagnosed disability?

<input type="checkbox"/> ₁ No	<input type="checkbox"/> ₆ Psychiatric	<input type="checkbox"/> ₁₁ Physical
<input type="checkbox"/> ₂ Intellectual inc Down Syndrome	<input type="checkbox"/> ₇ Deaf/Blind (dual sensory)	<input type="checkbox"/> ₁₂ Acquired Brain Injury
<input type="checkbox"/> ₃ Learning Disorder / ADD	<input type="checkbox"/> ₈ Vision	<input type="checkbox"/> ₁₃ Neurological incl epilepsy
<input type="checkbox"/> ₄ Autism	<input type="checkbox"/> ₉ Hearing	<input type="checkbox"/> ₁₄ Disability group not yet classified
<input type="checkbox"/> ₅ Development Delay Child Under 7	<input type="checkbox"/> ₁₀ Speech	

Other Information:

Section 4: Child Information

Child 1

First Name: _____ Family Name: _____

Date of Birth: _____

Date of Birth Status: 1 Confirmed 2 Approximate

Sex: 1 Male 2 Female 3 Unborn

What is the person's indigenous status? 1 No
2 Aboriginal
3 Torres Strait Islander
4 Both Aboriginal & Torres Strait Is.
5 Not known

What is the main language other than English spoken at home? _____

Does this person have a diagnosed disability?

<input type="checkbox"/> 1 No	<input type="checkbox"/> 6 Psychiatric	<input type="checkbox"/> 11 Physical
<input type="checkbox"/> 2 Intellectual inc Down Syndrome	<input type="checkbox"/> 7 Deaf/Blind (dual sensory)	<input type="checkbox"/> 12 Acquired Brain Injury
<input type="checkbox"/> 3 Learning Disorder / ADD	<input type="checkbox"/> 8 Vision	<input type="checkbox"/> 13 Neurological incl epilepsy
<input type="checkbox"/> 4 Autism	<input type="checkbox"/> 9 Hearing	<input type="checkbox"/> 14 Disability group not yet classified
<input type="checkbox"/> 5 Development Delay Child Under 7	<input type="checkbox"/> 10 Speech	

Enter the relationships between this child and each person on the form

1 Biological child 2 Adopted child 3 Step child
4 Other (specify) _____ 5 Unrelated

Child 2

First Name: _____ Family Name: _____

Date of Birth: _____

Date of Birth Status: 1 Confirmed 2 Approximate

Sex: 1 Male 2 Female 3 Unborn

What is the person's indigenous status? 1 No
2 Aboriginal
3 Torres Strait Islander
4 Both Aboriginal & Torres Strait Is.
5 Not known

What is the main language other than English spoken at home? _____

Does this person have a diagnosed disability?

Section 5. Family's Identified Issues

1. Which of the following issues have been identified? Tick all applicable issues.

	Issue	Comments <i>Are the identified issues recent or do they reflect a chronic situation? Has the family been involved with other services to address these issues?</i>
<input type="checkbox"/> 1	Domestic Violence	
<input type="checkbox"/> 2	Parental Drug and Alcohol Issues	
<input type="checkbox"/> 3	Parental Mental health Issues	
<input type="checkbox"/> 4	Lack of extended family and social support	
<input type="checkbox"/> 5	Parents with significant learning difficulties or intellectual disability	
<input type="checkbox"/> 6	Lack of parenting skills/ inadequate Supervision	
<input type="checkbox"/> 7	Child behavior management problems	
<input type="checkbox"/> 8	Other	

2. Reasons for referring this family to the *Brighter Futures* program.

3. Please outline the referring agency's involvement with the child / family.

4. Family's current involvement with other services (if any).

5. Is the mother pregnant? 1 Yes 2 No 3 Don't Know

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 CareSouthand the local Community Services *Brighter Futures* Team so that 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 purposes of research and evaluation (including surveys and questionnaires) of the *Brighter Futures* program by the Social Policy Research Centre, University of NSW.

Yes **No** (please tick)

My/our consent will stop if I/we give..... CareSouth notice in writing.

I/We have been informed about how our personal information will be used and we give my/our information voluntarily

Signed by Carer / Parent (s)Date...../...../.....(dd/mm/yyyy)

Signed by Carer / Parent (s)Date...../...../.....(dd/mm/yyyy)

Primary Carer / Parent(s) consent on behalf of children under 16 years or family members who lack legal capacity

I/We.....

as, (eg primary carer / parent

(s))

give my/our consent on behalf of (print child's name/family member)

.....
.....
.....

for my/our children/family member's personal information to be given to CareSouth and the local Community Services *Brighter Futures* Team so they can determine if my family is eligible for the *Brighter Futures* program. I/we understand and agree that this information can be used for the purposes of research and evaluation (including surveys and questionnaires) of the *Brighter Futures* program by the Social Policy Research Centre, University of NSW.

Yes **No** (please tick)

Section. 6. Primary Carer / Parent(s) Consent...Continued

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 an eligibility list with CareSouthfor a period of up to 3 months.

₁ **Yes** ₂ **No** (*please tick*)

I/we understand and agree that this information can be used for the purposes of research and evaluation (including surveys and questionnaires) of the *Brighter Futures* program by the Social Policy Research Centre, University of NSW.

₁ **Yes** ₂ **No** (*please tick*)

Signed on behalf of children/family members

.....Date...../...../.....(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,

of (agency),

Date/...../.....(dd/mm/yyyy)

obtained verbal informed consent of(*print primary carer/parent(s) name*) for this agency to collect, hold and send her/his family's personal information toCareSouth and the Local Community Services *Brighter Futures* Team to determine if the family is eligible for the *Brighter Futures* program.

Signed (referral agency) worker.....

Position.....

Section. 7. Case Management Capacity

This section is to be completed by the Brighter Futures Lead Agency

1. Does the Lead Agency currently have the capacity to case manage this family if determined eligible?

₁ Yes

₂ No

2. Name of Lead Agency worker to be contacted about this referral _____

3. Contact details: Phone _____ Fax _____ Email _____

4. Lead Agency Manager: _____

5. Information relating to capacity to case manage this family: