

Hume Moreland Child FIRST/Local Intake Referral and Intake Form Section A Referral Form

Consent and Level of Concern

- Has the referrer discussed referral with family and got consent for a referral to the HM Child FIRST/Local Intake? Yes No
- Is the family willing to engage with the HM Child FIRST/Local Intake? Yes No
- Does the referrer currently have significant concerns for the wellbeing of a child or children in the family? Yes No

Child Protection Involvement

Historical Involvement

Have any of the family/household members had involvement with Child Protection? Yes No

Details: (Please outline a brief description of past Child Protection involvement for each child or household member including year of involvement, phase at closure, details of substantiated concerns and any Court Orders.)

Current Involvement

Is there any current Child Protection involvement with the family? Yes No

Protective Worker name:

Contact Number:

Team Leader name:

Contact Number:

Current Phase:

Court Orders:

Details: (Please outline a brief description of current alleged/substantiated concerns)

Referrer's Details

Date of Referral:

Client Code:

Referrer's Name:

Iris Number:

Referrer's Position:

Referrer's 

Referrer's Email address:

Referrer's Agency:

Self Professional Family Other

Referrer identity protection required? Yes No

Family Details

Primary Carer Details: Carer 1 Relationship to children:

First Name:

Surname:

Address:

Date of Birth:

Sex: M F

Home 

Work 

Mobile 

Is it OK to leave a message on the number provided? Yes No

What is the best time to contact?

Primary Carer Details: Carer 2

Relationship to children:

First Name:

Surname:

Address:

Date of Birth:

Sex: M F

Home ☎

Work ☎

Mobile ☎

Is it OK to leave a message on the number provided?

 Yes No

What is the best time to contact?

Children/Young People

Name	Sex	DOB/Age	Relationship to primary carer	Address and contact details	Reside in Household?
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Y <input type="checkbox"/> N

In case of emergency contact:

Name:

Relationship to family:



Details of birth parent if not residing in the household:

Adult Household Members

Name	Sex	DOB/Age	Relationship to primary carer	Address and contact details	Reside in Household?
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Y <input type="checkbox"/> N

Other Family – Kith and Kin:

(if known including grandparents, neighbours and extended family)

Name	Sex	DOB/Age If appropriate	Relationship to primary carer	Address and contact details
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			

Family Cultural Identity

Do any of the family identify as Aboriginal? Yes No

Do any of the family identify as Torres Strait Islander? Yes No

Do any of the family identify as Aboriginal and Torres Strait Islanders? Yes No

Family member who identifies as A/TSI or ATSI:

ATSI service required?: Yes No Which service?

Client has given verbal consent to consult with VACCA: Yes No

Country of birth: Year of arrival:

Migration program:

Family cultural background and identity:

Primary languages spoken at home: Dialect:

Other languages spoken: Dialect:

Interpreter required? Yes No Language:

Religion:

Housing (tick the appropriate box)

- | | |
|---|--|
| <input type="checkbox"/> Boarding | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Occupied | <input type="checkbox"/> Owned |
| <input type="checkbox"/> Purchasing | <input type="checkbox"/> Renting – Private |
| <input type="checkbox"/> Renting – Public | <input type="checkbox"/> Transitional |
| <input type="checkbox"/> Other (please specify) | |

Alerts (including any worker safety issues if known, dangerous behaviour/s etc.)

Have you been in the family home? Yes No

Violence towards workers? Yes No Type:

Weapons in the home? Yes No Type:

Pets (dogs) at the home? Yes No Type:

Please provide a **brief assessment of the home environment** including any issues (environmental or relational) in the home that the worker should be aware of on the first home visit.

Worker safety plan discussed with Team Leader? Yes No Recorded as follows:

Is there anything else to be aware of? Yes No

If yes, please explain:

Are there any relevant legal issues? Yes No
(such as Intervention Orders, Children's Court, Family Law Court, etc.)

If yes, please explain:

Are there any specific factors that need to be taken into account in relation to allocation to a HM Child FIRST/Local Intake Worker?
 (such as gender of worker, ethnicity/ culture of worker, language of worker, workers previously worked with, Agencies previously worked with)

If so, please outline:

Safety Issues (factors affecting parenting capacity & children's safety)

History of family violence? Yes No

Details:

Is there an active Intervention Order? Yes No Date of order:

When was the last incident? Was anyone in the family injured? Yes No

If yes, details:

Have children witnessed the violence? Yes No

If yes, details:

Drug and alcohol issues? Yes No

If yes, details of use including self and family members:

Mental health issues?

Past or current thoughts to harm self or others? Yes No

Past attempts to commit suicide? Yes No

Involvement with CATT/Mental Health Team? Yes No

Hospital admissions? Yes No

Details:

Community Partnerships, Resources and Networks

Networks, including engagement with support services and family's social integration.

Has the family worked with Family Services in the past? Yes No

If yes, which agency?

What was the family's experience with the agency?

Current and previous involvement with services.

Service/agency	Current status <small>(ie active/terminated/pending)</small>	Contact Person	Phone/contact details

Has consent/permission been given for contact with these services? Yes No

Aim and purpose of referral

1. What are the presenting issues (including any safety or risk issues to children/adolescents)?
2. What is the family seeking from the service?
3. What are the identified strengths of the family? (for example, recognition of concerns, willingness to engage with services, positive family relationships, informal support networks, connectedness to community, current/historical positive engagement with services)
4. Are there any issues not identified by the family that may need to be followed up?
5. What is your anticipated ongoing involvement with the family?

THANK YOU FOR COMPLETING THIS REFERRAL FORM

PLEASE EMAIL TO: hmintake@kildonan.org.au