

STRENGTHENING FAMILY CONNECTIONS AGENCY REFERRAL FORM



Enquiries: 07 4913 3830

Postal Address: PO Box 2292 YEPPOON QLD 4703

Office Address: 35 William Street, YEPPOON QLD 4703

Privacy Notice: Livingstone Shire Council is collecting the personal information you supply on this form for the purpose of assessing the suitability of the referral of an individual or family to access services provided by Strengthening Family Connections. The Council is authorised to do this under the Information Privacy Act 2009. Your personal details will not be disclosed to any other person or agency external to Strengthening Family Connections without your consent unless required or authorised by law.

STRENGTHENING FAMILY CONNECTIONS (SFC)

PLEASE NOTE: SFC is funded to work with children, young people (unborn to 18 yo) and their families who are in vulnerable situations. Counselling case management services can be offered to families who reside on the **Capricorn Coast** and are not currently subject to statutory child protection intervention. SFC can work with families who are at risk of entering or re-entering the Child Safety System.

Has the family agreed to this information being shared with our program? Yes No
If no, please do not go any further.

Date of Referral:	
Referrer's Name:	
Referring Agency:	
Postal Address:	
Phone:	
Email:	

Client Details

First Name.....Surname.....

Date of Birth.....Age.....

Phone (Home).....Phone (Mobile).....

Address.....City.....State.....Postcode.....

Other Family Members:

First Name:	Last Name:	Relationship to Client	D.O.B.	Gender

Referral Information

Do any family members identify as:

- Aboriginal
- Torres Strait Islander
- Australian South Sea Islander
- Culturally and Linguistically Diverse
- Single parent/guardian

Country of Birth: _____

Language at home: _____

Do you require an interpreter?: Yes No

Do you require an Auslan interpreter?: Yes No

Worries / Concerns

<input type="checkbox"/> Children's Wellbeing	<input type="checkbox"/> Mental health issues	<input type="checkbox"/> Domestic and family violence <input type="checkbox"/> Current <input type="checkbox"/> Past Notes: _____
<input type="checkbox"/> Parenting Skills Development	<input type="checkbox"/> Conflict between family members	<input type="checkbox"/> Social isolation / Social supports
<input type="checkbox"/> Grief and Loss	<input type="checkbox"/> School Exclusion	<input type="checkbox"/> Relationship breakdown/separation
<input type="checkbox"/> Drug / Alcohol / Substance Use	<input type="checkbox"/> Other: _____	

Signature of Referring Person: _____

Date: _____

Signature of Client/Family Member: _____

Date: _____

****Please return completed form via email through our confidential mailbox****

sfc@livingstone.qld.gov.au

SFC USE ONLY

Date received: _____

Date letter/call contact made: _____