

# STRENGTHENING FAMILY CONNECTIONS REQUEST FOR SERVICE 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 your suitability 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)

Date: .....

### Client Details

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

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

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

Address.....City.....

State..... Postcode.....

### Other Family Members:

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

### Demographic 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: _____	

**Reason for Referral:**

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**Signature of Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return completed form to the SFC office at 35 William Street, Yeppoon, or**

**Email through our confidential mailbox – [sfc@livingstone.qld.gov.au](mailto:sfc@livingstone.qld.gov.au)**

It is our policy to arrange an initial meeting with you to discuss your needs and to determine whether we are the most appropriate organisation to offer you support and assistance.

**Thank You**

### SFC USE ONLY

Date received: \_\_\_\_\_

Date contact made (*letter/call*): \_\_\_\_\_

Staff Name: \_\_\_\_\_