



Transfer of OOHC case management for a child or young person from CS to NGO

Date completed			
Completed by			
Transferring CSC			
<b>Details of child/young person</b>			
Name of child or young person		Preferred name	
Date of birth		Gender	
Aboriginal or Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>		
S13 Aboriginal Placement Principles applied?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Cultural background			
Religion			
<b>Birth family and other people significant to child or young person</b>			
Birth mother's name			
Address & phone number			
Birth father's name			
Address & phone number			
Extended family/significant other			
Address & phone number			
Sibling's name and contact details	Date of birth	Legal status	If in OOHC – location of placement (suburb/town)
<b>Health</b>			
Treating practitioners who see the child or young person regularly are:			
Practitioner	Name	Address	Phone
General practitioner			
Psychiatrist			
Psychologist			
Paediatrician			

<b>Dentist</b>			
<b>Other</b>			
<b>Other</b>			
<b>Child or young person's Medicare card – number</b>			
<b>Child or young person's Health Care Card – number</b>			
<b>Education/Training</b>			
<b>Name of school/TAFE/childcare/preschool</b>			
<b>Address, contact person and phone number</b>			
<b>History of Community Services' involvement</b>			
<b>What date did the child or young person first come into formal OOHC?</b>			
<b>Brief outline of reasons for entry into care</b>			
<b>Provide a brief placement history</b>			
<b>Period</b>	<b>Placement type and location</b>		



## Attachments

The following documents are attached to this referral form

### Required Items

Child Assessment Tool (CAT)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Original Birth Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Care Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Genogram	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Final or Interim Court Order (only the most recent)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					

### Required items (if on file or on KiDS)

Case plan/review	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Education assessments/Individual Education Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Health assessments, specialist reports and/or reviews, health referral form	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Child or young person's Health Care Concession Card	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Child or young person's Medicare Card	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Any previous history summaries e.g. file review	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Immunisation history	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Most recent school report	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Notifications of s149B-K decisions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If the child/young person has a <u>current</u> physical, behavioural or mental health condition – provide all related specialist assessments and reports (not Children's Court Clinic report)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If applicable, documents re JJ involvement, bail conditions, AVOs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Victims of crime assessments, claims and referral for audits that have previously been lodged	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If applicable, records of relevant consents for the use of psychotropic medication as a restricted practice, reviews and related Behaviour Management Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Client Information Form (CIF)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Original letters and photos and available life story work including baptism certificates, school certificates etc	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Cultural Plan if applicable	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Original Blue Book	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If applicable, Teenage Education Payment application	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Approved by Manager Casework

Date