|  |  |  |
| --- | --- | --- |
| FaCS_logo_2 lines_RGB | |  | | --- | | Brighter Futures Referral Form for FACS Community Services Centres | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A - Referring CSC details | | | | |
| **CSC** |  | | **Phone** |  |
| **Manager Casework** |  | **Phone** |  | |
| **Email** |  | |
| **Caseworker** |  | **Phone** |  | |
| **Email** |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| B - Eligibility for Brighter Futures services | | | |
| Family BF eligibility criteria is met as outlined in BF Service Provision Guidelines? | **Yes** | **No** | If **NO**, **do** **not** make a referral |

|  |  |  |  |
| --- | --- | --- | --- |
| C – Parent or authorised carer details | | | |
|  | | | |
| **Parent/Authorised carer 1** | | | |
| **Name** |  | **Address** |  |
| **Relationship to Child**  **Cultural and Linguistic Background** |  | **Interpreter Required? (If YES state language)**  **Identify as Aboriginal/Torres Straight Islander** |  |
| **Birth date** |  | **Specific needs (e.g. disability).** |  |
| **Phone** |  |
| **Parent/Authorised carer 2\*** | | | |
| **Name** |  | **Address (if different from carer 1)** |  |
| **Relationship to Child**  **Cultural and Linguistic Background** |  | **Interpreter Required? (If YES state language)**  **Identify as Aboriginal/Torres Straight Islander** |  |
| **Birth date** |  | **Specific needs (e.g. disability)** |  |
| **Phone** |  |

\*Please attach a separate sheet for details of any other relevant household members as appropriate.

| D – Children’s details |
| --- |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Name** |  | | | **Gender** |  | **Specific needs (e.g. disability)** |  |
| **Birth date** |  | **Age** |  | **Address (if different from carer)** | |  | |
| **Cultural & Linguistic Background** |  | | | **Identifies as Aboriginal or Torres Straight Islander** | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2** | **Name** |  | | | **Gender** |  | **Specific needs (e.g. disability)** |  |
| **Birth date** |  | **Age** |  | **Address (if different from carer)** | |  | |
| **Cultural & Linguistic Background** |  | | | **Identifies as Aboriginal or Torres Straight Islander** | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3** | **Name** |  | | | **Gender** |  | **Specific needs (e.g. disability)** |  |
| **Birth date** |  | **Age** |  | **Address (if different from carer)** | |  | |
| **Cultural & Linguistic Background** |  | | | **Identifies as Aboriginal or Torres Straight Islander** | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4** | **Name** |  | | | **Gender** |  | **Specific needs (e.g. disability)** |  |
| **Birth date** |  | **Age** |  | **Address (if different from carer)** | |  | |
| **Cultural & Linguistic Background** |  | | | **Identifies as Aboriginal or Torres Straight Islander** | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5** | **Name** |  | | | **Gender** |  | **Specific needs (e.g. disability)** |  |
| **Birth date** |  | **Age** |  | **Address (if different from carer)** | |  | |
| **Cultural & Linguistic Background** |  | | | **Identifies as Aboriginal or Torres Straight Islander** | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6** | **Name** |  | | | **Gender** |  | **Specific needs (e.g. disability)** |  |
| **Birth date** |  | **Age** |  | **Address (if different from carer)** | |  | |
| **Cultural & Linguistic Background** |  | | | **Identifies as Aboriginal or Torres Straight Islander** | |  | |

\*Please attach a separate sheet for details of any other relevant children

|  |  |  |  |
| --- | --- | --- | --- |
| D – Additional Information | | | |
| Are the family aware of the referral and if so, did they give consent? | **Yes** | **No** | If **YES**, please specify. |

|  |
| --- |
| E – Referral Issues |
| **Reported/assessed issues** (Please detail information contained in reports or SARA assessment leading to this referral, and any actions taken by FACS. Specify family vulnerabilities including domestic and family violence, alcohol or other drug misuse, parental mental health issues, parents with significant learning difficulties or intellectual disability or lack of parenting skills or inadequate supervision, and provide a narrative of details about this information). Please note that if the outcome of a SARA assessment led to this referral, a copy of the assessment should be attached. |
| **Child Protection History** |
| Provide a narrative outlining any patterns of concern, vulnerability, risk or intervention identified in the child protection history. |
| **Service Involvement** |
| Provide information about any other known services involved with the family, including service details, length of involvement and services provided. |

| F – Worker safety issues | | | | |
| --- | --- | --- | --- | --- |
| Are there any issues about the home location or family circumstances that may pose a risk to a worker’s safety? | **Unknown** | **No** | **Yes** | If **YES**,provide details |

| G – Referral approval and acceptance | | | | | |
| --- | --- | --- | --- | --- | --- |
| **CSC Manager Casework approving the referral** | **Name** | **Signature** |  | **Date** |  |
| **Brighter Futures Manager** | **Name** | **Signature** |  | **Date** |  |