|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FAMILY SUPPORT NETWORK**  **Please complete and email to the** [**Lead Agency**](https://www.wafsn.org.au/referral-contacts/) **located nearest to the Client.**  **Referral Criteria:**   * Families who need assistance navigating the service system and would benefit from coordination to link into relevant services * Families who do not have an open case with the Department of Communities * Young people (aged 18 to 25 years old) who have been in care themselves * Self-referrals are accepted | | | | | | | | | |
|  | | | | | | | | | |
| **Referrer details** | | | | | | | | | |
| |  |  | | --- | --- | | Department of Communities | Other Organisation | | Family Support Network | **Self-referral** | | Partner Agency | **Other** | | | | | | | | | | |
| Date of referral |  | | | | | | | | |
| Referrer’s name |  | | | | | | | | |
| Organisation name  *(if applicable)* |  | | | | | | | | |
| Referrers contact telephone | Work | | |  | | | Mobile |  | |
| Referrers email |  | | | | | | | | |
| Relationship to family |  | | | | | | | | |
| Family is aware and consents to this referral  *(required)* | | | | | Yes | | | | |
| Open Case to Department of Communities | | | | | No  Yes  Unknown | | | | |
| How did you hear about the FSN | | | | |  | | | | |
| **Client details** | | | | | | | | | |
| Parent/Carer Full Name | |  | | | | | | D.O.B |  |
| Residential Address | |  | | | | | | Gender |  |
| Contact Details | | Mobile |  | | | Email |  | | |
| Ethnicity | | Aboriginal TSI CALD Other | | | | | | | |
| Language spoken at home | |  | | | | | Interpreter Required | |  |
| Parent/Carer Full Name | |  | | | | | | D.O.B |  |
| Residential Address | |  | | | | | | Gender |  |
| Contact Details | | Mobile |  | | | Email |  | | |
| Ethnicity | | Aboriginal TSI CALD Other | | | | | | | |
| Language spoken at home | |  | | | | | Interpreter Required | |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Child 1 name |  | | | | D.O.B |  |
| Residential Address |  | | | | Gender |  |
| Contact Details | Mobile |  | Email |  | | |
| Ethnicity | Aboriginal TSI CALD Other | | | | | |
| Language spoken at home |  | | | Interpreter Required | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child 2 name |  | | | | D.O.B |  |
| Residential Address |  | | | | Gender |  |
| Contact Details | Mobile |  | Email |  | | |
| Ethnicity | Aboriginal TSI CALD Other | | | | | |
| Language spoken at home |  | | | Interpreter Required | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child 3 name |  | | | | D.O.B |  |
| Residential Address |  | | | | Gender |  |
| Contact Details | Mobile |  | Email |  | | |
| Ethnicity | Aboriginal TSI CALD Other | | | | | |
| Language spoken at home |  | | | Interpreter Required | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child 4 name |  | | | | D.O.B |  |
| Residential Address |  | | | | Gender |  |
| Contact Details | Mobile |  | Email |  | | |
| Ethnicity | Aboriginal TSI CALD Other | | | | | |
| Language spoken at home |  | | | Interpreter Required | |  |
|  | | | | | | |
| **Reason for referral –** please expand if required | | | | | | |
|  | | | | | | |
| **Current support services** – please include names and contact details if known | | | | | | |
|  | | | | | | |
| **Self-identified support needs –** please expand for each person or child if required | | | | | | |
|  | | | | | | |
| **Additional Details –** List any additional client/child details or other relevant information here | | | | | | |
|  | | | | | | |