

Completing the Referral Form

- ☐ Check Referral Criteria. If unclear contact FSS Team.
- ☐ Families are not eligible if the risks are too high for non-statutory intervention and a report to Territory Families is required.
- ☐ Complete Referral Form and email to relevant FSS Team – see end of form for contact details.
- ☐ You will be contacted regarding this referral within 5 business days.

Details of Referring Person or Organisation (if this is a self-referral please skip to the next section)			
Date of Referral		Name of person making referral	
Phone		Email	
Organisation			

Client Details			
Name		Current Date	
Phone		Email	
Can Akeyulerre contact you regarding other programs, projects and events happening at Akeyulerre?			
Did someone assist with this referral?		Who and where from?	

Referral Details		
Is this a self-referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Primary Caregiver (first & last)		
Primary Caregiver Consent for Referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What are the Primary Caregivers views of the referral?		
Any Safety Concerns for Akeyulerre staff? (must be complete)		

Service Awareness	
How did you find out about our service?	<input type="checkbox"/> Other Services <input type="checkbox"/> Family/Friend <input type="checkbox"/> Community Services Directory
	<input type="checkbox"/> Media (incl. social media) <input type="checkbox"/> Promotional Material
	<input type="checkbox"/> Other (please specify)

Primary Caregiver Information			
Date of Birth		Gender	
Interpreter Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anyone acting as a cultural broker/liaison for the person or family?	
If so, which language?			
Indigenous Status	(please specify whether Aboriginal, Torres Strait Islander, Aboriginal and Torres Strait Islander or non-Aboriginal)		
Cultural Background		Skin Name	
Country of Birth		Community of Origin	
Main Language			
Languages Spoken			
Street Address			
Postal Address			
Emergency Contact name, phone and address			
(must be completed and must be a different contact number to the main caregiver)			
Other ways to make contact (i.e. other family members)			
Summary of current living arrangements (ie family dynamic and is it community housing, private rental, couch surfing etc)			

Family Member Details (both household and biological immediate family members)	
First name, last name and position (ie caregiver or child)	Date of Birth

Relevant history and current services involvement		
Has the family participated in a signs of safety mapping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the family have a signs of safety plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overall Safety Scaling (1 being no safety concerns, 10 being extreme safety concerns) Must be complete		
Family Story (ie what does the family look like and what is the family history)		
What is working well for the family		
What are you worried about for the family?		
What support has been recieved/what needs to happen for the family?		

What services are involved with the family?

Broadly, what areas of support are required? Ie financial, food security, parenting, substance abuse, disability, elderly, mental health, health, social services, domestic violence, housing etc

Please email complete form to:

Email: fss@akeyulerre.org.au

Phone: 08 8952 2339

(INTERNAL USE) Registered by:

Name

Date

Position

Notes