

 Check Referral Criteria. If unclear contact FSS Team. 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. 									
Referral on behalf of Client	(if this is a self-refer	rral pleas	se skip to	the ne	xt sectio	n)			
Date of Referral			Name of person making referral						
Phone			Email						
Organisation									
Person or Organisation sup	porting self-referral								
Name	porting sen referra		Organis	ation					
Phone			Email						
Referral Details									
Is this a self-referral?			Yes				No		
Name of Primary Caregiver (first & last)									
Primary Caregiver Consent for Referral?		☐ Yes				No			
What are the Primary Caregivers views of the referral?									
Any Safety Concerns for Akeyulerre staff?									
Service Awareness									
How did you find out about our service?	☐ Other Services ☐ Media (incl. social			Family/ Promot Materia	ional			Community Services Directory	
	media) □ Other (plea	se specif	<u>-</u> y)						

Primary Caregiver Informa	tion			
Date of Birth		Gender		
Interpreter Required?	☐ No☐ Yes	Anyone acting as a cultural broker/liaison		
If so, which language?		for the person or family?		
Indigenous Status				
	(please specify whether Abo Islander or non-Aboriginal)	original, Torres Strait Islander,	Aboriginal and Torres Strait	
Cultural Background		Skin Name		
Country of Birth		Community of Origin		
Main Language				
Languages Spoken				
Phone		Email		
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				
Family Member Details				
First name, last name and	position (ie caregiver or chil	ld)	Date of Birth	

Relevant history and current services involvement							
Has the family participated in a signs of safety mapping?		☐ Yes	□ No				
Does the family have a signs of safety plan?		☐ Yes	□ No				
Overall Safety Scaling (1 being no safety concerns, 10 being extreme safety concerns)							
Family Background and History							
What is working well for the family							
What are you worried about for the family?							
What has happened/what needs to happen for the family?							
What services are involved with the family?							
Dreadly what area of support are required 2 is fine size for a security way to be supported by							
Broadly, what areas of support are required? le 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 89	952 2339					
(INTERNAL USE) Registered by:							
Name	Date						
Position	Notes						