REFERRAL FORM **ACCESS ID: __________**

CALM Family Support
A project of Community Activities Lake Macquarie

DATE OF REFERRAL:

PARENT SURNAME:

ELIGIBILITY CHECK LIST

Have a child in their care aged 0 to 12 years *(not in high school)* **incl. expectant parents**

Residing in West Lake Macquarie *(Booragul to Wyee)*

Requiring support with a parenting issue *(eg: behaviour, attachment, emotional regulation)*

PARENT/CARER:

Name: Age / D.O.B: Gender:

Address: Postcode:

Phone: Email:

Aboriginal or Torres Strait Islander? ☐ Yes ☐ No

Country of birth: Language spoken: Interpreter required? ☐ Yes ☐ No

List any diagnosed disability or mental health condition

Do you have a partner?

Who do you parent with?

CHILDREN & OTHER HOUSEHOLD MEMBERS RESIDING IN THE HOME:

Name	Date Of Birth	Gender	Diagnosed disability?	Aboriginal or Torres Strait Islander?	CALD?	Relationship to primary client
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Are you or members of your family currently receiving services from any other agency? If yes, please list below:

AGENCY or SERVICE NAME	WORKER (Name & contact no.)

Parenting concerns/supports required:*(eg: behaviour management, routines, attachment, emotion regulation)*

Other identified needs/concerns:

REFERRAL INFORMATION

Referred by: (*Name of worker)*

Of: (*Name of Agency*)

Phone contact: *(Agency contact number)*

Email address:

Will the agency continue to work with the family? ☐ Yes ☐ No

If yes, in what capacity?

Has the family consented to this referral? ☐ Yes ☐ No

SAFETY/CHILD PROTECTION ISSUES

Are there any known home visiting/child protection safety issues? ☐ Yes ☐ No ☐ Unknown

Comments:

FOR CALM FAMILY SUPPORT STAFF ONLY	
DATE REFERRAL RECEIVED:	REFERRAL TAKEN BY:
ACTION TAKEN:	
INTAKE DATE:	ACCEPTED FOR ASSESSMENT: YES/NO
REASON IF REFERRAL DECLINED:	

Send Referral to: CALM Family Support by email calmfamilysupport@calm.org.au OR phone **4950 3855**