Please discuss your intention to refer to Cafs with your client prior to completing this request form.

Please forward the completed form to **welcome@cafs.org.au**

|  |  |
| --- | --- |
| Date of Referral | Click or tap to enter a date. |
| ****Service Criteria**** |
| Has the client consented to the referral? |  [ ]  Yes [ ]  No  |
| Is the client an existing Cafs Client? |  [ ]  Yes [ ]  No  |
| If above is YES, please specify which program/s | Click or tap here to enter text. |
| Client Details |
| Legal Name | Click or tap here to enter text. | DOB | Click or tap here to enter text. |
| Preferred Name | Click or tap here to enter text. |
| Gender | Choose an item. |
| Preferred Pronoun | Choose an item.  |
| Address | Click or tap here to enter text. |
| Is it safe to identify to Cafs? | [ ]  Yes [ ]  No  |
| Initial contact method preferred by client | Choose an item. |
| Phone | Click or tap here to enter text. | Can a phone message be left? | [ ]  Yes [ ]  No  |
| Email  | Click or tap here to enter text. | Can an email message be left? | [ ]  Yes [ ]  No  |
| Country of Birth | Click or tap here to enter text. |
| Aboriginal, Torres Strait Islander status | [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  Both [ ]  Neither |
| Is the client a member of the LGBTIQA+ community? | [ ]  No [ ]  Yes [ ]  Unknown |
| Preferred Language | Click or tap here to enter text. |
| Is an interpreter required? | [ ]  No [ ]  Yes – Language: Click or tap here to enter text. |
| Proficiency spoken English | [ ]  Well [ ]  Not Well [ ]  Not at all |
| Literacy Issues | [ ]  No [ ]  Yes – Please specify: Click or tap here to enter text. |
| Does the client have a disability? | [ ]  No [ ]  Yes – Please specify: Click or tap here to enter text. |
| Will the client need support to complete the intake process? | [ ]  No [ ]  Yes – Please specify: Click or tap here to enter text. |
| **Referrer Details** |
| Name | Click or tap here to enter text. | Program | Click or tap here to enter text. |
| Organisation | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | Email  | Click or tap here to enter text. |
| ****Household Details**** |
| Family / Household / Support person details | DOB | Relationship  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Referral Information** |
| Program List |
| [ ]  Housing | [ ]  Financial Counselling | [ ]  Gambler’s Help |
| [ ]  Strengthening Connections | [ ]  Dad’s Tool Kit | [ ]  Early Help Parenting Groups |
| [ ]  Family Relationship Counselling | [ ]  Cafs Children’s Contact Centre |
| [ ]  Family Violence – Men’s Housing | [ ]  Men’s Behaviour Change - Voluntary |
| [ ]  Post Separation Cooperative Parenting |
| Details of referral: (e.g. What are the presenting issues and what is it you hope to achieve for your client? For housing, please note what type of housing the client is in e.g. Private rental, public housing etc.) |
| Click or tap here to enter text. |
| Background: (e.g. is there anything we should know/ be aware of regarding the client to assist us toengage with the client? e.g. Disability/ mental health etc. What other services are currently engaged with the client?) |
| Click or tap here to enter text. |
| Please detail any risk for safety, family violence, child wellbeing and mental health. Any Current legal proceedings, police or Child protection involvement. |
| Click or tap here to enter text. |
| Is there are current Maram risk assessment/safety plan? | [ ]  No [ ]  Yes  |
| Please attach MARAM assessment, plans and any other relevant documents to your email with this referral |
|  |