

Cafs Client Engagement Intake Referral Form



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	
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Service Criteria	
Has the client consented to the referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client is an existing Cafs Client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If above is YES, please specify which program/s	

Client Details			
Full Name		DOB	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Preferred pronoun	<input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> They <input type="checkbox"/> Ze <input type="checkbox"/> No preference <input type="checkbox"/> pronoun not listed: _____		
Address			
Phone		Email	
Country of Birth		Year of arrival	
Aboriginal, Torres Strait Islander status	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither		
Proficiency spoken English	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all		
Literacy Issues	<input type="checkbox"/> No <input type="checkbox"/> Yes – please specify:		
Preferred Language			
Preferred method to receive Cafs Welcome Pack	<input type="checkbox"/> Email <input type="checkbox"/> Posted		
Initial contact method preferred by client	<input type="checkbox"/> Phone <input type="checkbox"/> Email		
Can a message be left on the client's phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency contact name		Contact phone	
Relationship to emergency contact			

Referrer Details			
Name		Program	
Organisation			
Email		Phone	
Address			
Will you be continuing to work with the client after this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



CAFS Acknowledges Traditional Owners and Elders past and present across Australia

Referral information

Program list

Housing Financial Counselling Step Up Family Relationship Counselling Program

Gamblers Help Dad's Tool Kit Day Stay Children's Contact Centre

Post Separation Cooperative Parenting

Other (please specify):

Details of referral ? (e.g. What is it you hope to achieve for your client?)