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	

Service Criteria	
Has the client consented to the referral?	☐ Yes ☐ No
Client is an existing Cafs Client?	☐ Yes ☐ No
If above is YES, please specify which program/s	

Client Details			
Full Name		DOB	
Gender	☐ Male ☐ Female ☐ Other		
Preferred pronoun	☐ He ☐ She ☐ They ☐ Ze ☐ No preference ☐ pronoun not listed: _____		
Address			
Phone		Email	
Country of Birth		Year of arrival	
Aboriginal, Torres Strait Islander status	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither		
Is the client a member of the LGBTQIA+ community	☐ No ☐ Yes – please specify		
Is an interpreter required	☐ No ☐ Yes – Language		
Proficiency spoken English	☐ Very Well ☐ Well ☐ Not Well ☐ Not at all		
Literacy Issues	☐ No ☐ Yes – please specify:		
Preferred Language			
Is the client a NDIS participant?	☐ No ☐ Yes		
Initial contact method preferred by client	☐ Phone ☐ Email		
Can a message be left on the client's phone?	☐ Yes ☐ 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?	☐ Yes ☐ No		

Household Details		
Family/ Household/ support person details	DOB	Relationship

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 are the presenting issues and what is it you hope to achieve for your client?)			
Background? (eg is there anything we should know/ be aware of regarding the client to assist us to engage with the client? eg. Disability/ mental health etc. What other services are currently engaged with the client?)			
Risks for safety, family violence, child wellbeing and mental health & Current legal proceedings, police or Child protection involvement.			
Is there are current Maram risk assessment/ safety plan?	☐ No ☐ Yes – please attach to referral		