

BRIGHTER FUTURES

REFERRAL INFORMATION FORM



INSTRUCTIONS

Purpose

The Referral Information Form collects information to assess a family's eligibility for the Brighter Futures program. It records information about the referrer, primary carer / parent(s) and children, consent to collect and exchange personal information for the purpose of eligibility assessment, evaluation and monitoring. Information will be treated confidentially and will not be used for any other purposes than what is stated here.

Instructions

- 1** The Referral Information Form should be completed in consultation with the primary carer / parent(s) / family whenever possible. The structure of this form must not be changed to provide additional information or to delete information.
- 2** Consent must be obtained from the primary carer / parent(s) so that personal information can be provided to Samaritans Brighter Futures and to the DoCS Community Services Centre (CSC). This is used to determine the eligibility to the Program.
 - Information can only be recorded on this form for primary carer / parent(s) who have provided their consent.
 - The primary carer / parent(s) are able to consent on behalf of children under the age of 16.
 - Where a primary carer or adult does not agree to the collection and exchange of their personal information, only details relating to the consenting adult and child(ren) should be recorded.
 - Where the primary carer / parent(s) give verbal consent but not written consent, the referral can still proceed. The referring agency should fill out Section 2 indicating who gave consent, and sign "Verbal Consent by Primary Carer / Parent(s)" in Section 6.
 - If primary carer / parent(s) agree to written consent, the Consent Form (Section 6) must be signed.
- 3** The referring agency must contact the Lead Agency by phone to advise that a referral is being made, where possible with the primary carer / parent(s) present. The completed form should be emailed / faxed to the Lead Agency immediately after this (or within a timeframe to be negotiated with the Lead Agency).
- 4** The Lead Agency must check that all information needed for determining eligibility has been provided. The structure of this form must not be changed to provide additional information or to delete information.
- 5** Information on the outcome of the referral will be provided to the family within 6 weeks of the completed Referral Information Form being received by the Lead Agency. Each eligible family will be assigned a unique family identifier, and each member of the eligible family will be assigned a unique person identifier by DOCS.
- 6** Any questions concerning the Referral Information Form can be directed to:
Project Officer – Donna Wallace
Ph: 4014 9300
- 7** Referrers should fax or email completed and signed Referral Forms to
Attention: Donna Wallace, Project Officer
Fax: 4014 9360
Email: brighterfutures@samaritans.org.au

Section 1. Referral Details

1	Referral Date	/ / (dd/mm/yyyy) <i>Date the Referral was made</i>
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Referring Agency Details (if applicable)

2	Referring Agency Name					
3	Referrer Name					
4	Address				Postcode	
5	Phone	()	Fax	()	Email	
6	Referral Received Date	/ / (dd/mm/yyyy) <i>Date the Referral received by Lead Agency</i>				

Lead Agency Details

7	Lead Agency Name	Samaritans Brighter Futures Program Newcastle & Lake Macquarie			
8	Agency Identifier	83729			
9	Name of Lead Agency contact for this referral	Donna Wallace			
10	Contact Phone	(02) 4014 9300	Contact Fax	(02) 4014 9360	

Section 2. Consent Confirmation *(to be completed by the referrer)*

The purpose of gaining consent from the primary carer / parents(s) is to enable the Samaritans Brighter Futures to assess eligibility to the Brighter Futures program. This information will also be used for evaluation of the program. Information will be treated confidentially.

1	Is the family aware that any information provided when they are in the program (from the point they are determined eligible for the program until they withdraw from the program) can be used for the evaluation of the Samaritans Brighter Futures program?
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No (specify reason)
2	Were the primary carer / parent(s) recorded in Section 3 provided with information about the use and protection of their family's personal information?
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No (specify reason)
3	Has consent been provided in Section 6 for every carer and child who has their personal information recorded on this Referral Information Form?
	<input type="checkbox"/> Verbal Consent
	<input type="checkbox"/> Written Consent (signed consent form using Section 6)
4	Have the primary carer / parent(s) placed any restrictions on the personal information to be provided?
	<input type="checkbox"/> Yes (specify reason)
	<input type="checkbox"/> No

Referral Declaration:

I [please print]		of (Agency)	
Confirm the details in Section 2 of this Referral Information Form are correct and that a consent form (Section 6) has been completed and filed securely.			
Signed (Agency) worker		Position	Date / /

Section 3. Adult Information (for adults providing consent in Section 6)

Primary Carer			
Detailed to be provided by this adult after their consent is gained			
1	First Name		
2	Surname		
3	Date of Birth	/ / (dd/mm/yyyy)	
4	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
5	Current Address		
		PCode	
	Telephone		
	Mobile		
6	Is the person an Aboriginal or Torres Strait Islander?		
		<input type="checkbox"/> No	
		<input type="checkbox"/> Aboriginal	
		<input type="checkbox"/> Torres Strait Islander	
		<input type="checkbox"/> Both Aboriginal & TSI	
		<input type="checkbox"/> Not Known	
7	Country of Birth		
8	Main language other than English spoken at home?		
9	Is an interpreter required?		
		<input type="checkbox"/> Yes (language)	
		<input type="checkbox"/> No	
10	Does this person have a diagnosed disability?		
		<input type="checkbox"/> No disability	
		<input type="checkbox"/> Intellectual/learning	
		<input type="checkbox"/> Psychiatric	
		<input type="checkbox"/> Sensory/speech	
		<input type="checkbox"/> Physical/diverse	
		<input type="checkbox"/> Other – (please specify below)	
11	Other information		

Other Carer			
Detailed to be provided by this adult after their consent is gained			
1	First Name		
2	Surname		
3	Date of Birth	/ / (dd/mm/yyyy)	
4	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
5	Current Address		
		PCode	
	Telephone		
	Mobile		
6	Which best describes this person's status in the household?		
		<input type="checkbox"/> Partner of a primary carer	
		<input type="checkbox"/> An adult in the household	
		<input type="checkbox"/> Other (please specify below)	
7	Is the person an Aboriginal or Torres Strait Islander?		
		<input type="checkbox"/> No	
		<input type="checkbox"/> Aboriginal	
		<input type="checkbox"/> Torres Strait Islander	
		<input type="checkbox"/> Both Aboriginal & TSI	
		<input type="checkbox"/> Not Known	
8	Country of Birth		
9	Main language other than English spoken at home?		
10	Is an interpreter required?		
		<input type="checkbox"/> Yes (language)	
		<input type="checkbox"/> No	
11	Does this person have a diagnosed disability?		
		<input type="checkbox"/> No disability	
		<input type="checkbox"/> Intellectual/learning	
		<input type="checkbox"/> Psychiatric	
		<input type="checkbox"/> Sensory/speech	
		<input type="checkbox"/> Physical/diverse	
		<input type="checkbox"/> Other (specify below)	
12	Other information		

Section 4. Child Information

Child 1

1	First Name				
2	Surname				
3	Date of Birth	/	/	(dd/mm/yyyy)	
4	Date of Birth Status	<input type="checkbox"/>	Confirmed	<input type="checkbox"/>	Approximate
5	Sex	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
6a	How is the child related to the Primary Carer				
		<input type="checkbox"/>	Biological child		
		<input type="checkbox"/>	Adopted child		
		<input type="checkbox"/>	Step child		
		<input type="checkbox"/>	Other (specify below)		
		<input type="checkbox"/>	Unrelated		
6b	How is the child related to the Secondary Carer				
		<input type="checkbox"/>	Biological Child		
		<input type="checkbox"/>	Adopted Child		
		<input type="checkbox"/>	Step Child		
		<input type="checkbox"/>	Other (specify below)		
		<input type="checkbox"/>	Unrelated		
7	Is the child Aboriginal or Torres Strait Islander?				
		<input type="checkbox"/>	No		
		<input type="checkbox"/>	Aboriginal		
		<input type="checkbox"/>	Torres Strait Islander		
		<input type="checkbox"/>	Both Aboriginal & TSI		
		<input type="checkbox"/>	Not Known		
8	Does this person have a diagnosed disability?				
		<input type="checkbox"/>	No disability		
		<input type="checkbox"/>	Intellectual/learning		
		<input type="checkbox"/>	Psychiatric		
		<input type="checkbox"/>	Sensory/speech		
		<input type="checkbox"/>	Physical/diverse		
		<input type="checkbox"/>	Other – (please specify below)		

Child 2

1	First Name				
2	Surname				
3	Date of Birth	/	/	(dd/mm/yyyy)	
4	Date of Birth Status	<input type="checkbox"/>	Confirmed	<input type="checkbox"/>	Approximate
5	Sex	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
6a	How is the child related to the Primary Carer				
		<input type="checkbox"/>	Biological child		
		<input type="checkbox"/>	Adopted child		
		<input type="checkbox"/>	Step child		
		<input type="checkbox"/>	Other (specify below)		
		<input type="checkbox"/>	Unrelated		
6b	How is the child related to the Secondary Carer				
		<input type="checkbox"/>	Biological Child		
		<input type="checkbox"/>	Adopted Child		
		<input type="checkbox"/>	Step Child		
		<input type="checkbox"/>	Other (specify below)		
		<input type="checkbox"/>	Unrelated		
7	Is the child Aboriginal or Torres Strait Islander?				
		<input type="checkbox"/>	No		
		<input type="checkbox"/>	Aboriginal		
		<input type="checkbox"/>	Torres Strait Islander		
		<input type="checkbox"/>	Both Aboriginal & TSI		
		<input type="checkbox"/>	Not Known		
8	Does this person have a diagnosed disability?				
		<input type="checkbox"/>	No disability		
		<input type="checkbox"/>	Intellectual/learning		
		<input type="checkbox"/>	Psychiatric		
		<input type="checkbox"/>	Sensory/speech		
		<input type="checkbox"/>	Physical/diverse		
		<input type="checkbox"/>	Other – (please specify below)		

Section 4. Child Information (cont'd)

Child 3

1	First Name				
2	Surname				
3	Date of Birth	/ / (dd/mm/yyyy)			
4	Date of Birth Status	<input type="checkbox"/>	Confirmed	<input type="checkbox"/>	Approximate
5	Sex	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
6a	How is the child related to the Primary Carer				
		<input type="checkbox"/>	Biological child		
		<input type="checkbox"/>	Adopted child		
		<input type="checkbox"/>	Step child		
		<input type="checkbox"/>	Other (specify below)		
		<input type="checkbox"/>	Unrelated		
6b	How is the child related to the Secondary Carer				
		<input type="checkbox"/>	Biological Child		
		<input type="checkbox"/>	Adopted Child		
		<input type="checkbox"/>	Step Child		
		<input type="checkbox"/>	Other (specify below)		
		<input type="checkbox"/>	Unrelated		
7	Is the child Aboriginal or Torres Strait Islander?				
		<input type="checkbox"/>	No		
		<input type="checkbox"/>	Aboriginal		
		<input type="checkbox"/>	Torres Strait Islander		
		<input type="checkbox"/>	Both Aboriginal & TSI		
		<input type="checkbox"/>	Not Known		
8	Does this person have a diagnosed disability?				
		<input type="checkbox"/>	No disability		
		<input type="checkbox"/>	Intellectual/learning		
		<input type="checkbox"/>	Psychiatric		
		<input type="checkbox"/>	Sensory/speech		
		<input type="checkbox"/>	Physical/diverse		
		<input type="checkbox"/>	Other – (please specify below)		

Child 4

1	First Name				
2	Surname				
3	Date of Birth	/ / (dd/mm/yyyy)			
4	Date of Birth Status	<input type="checkbox"/>	Confirmed	<input type="checkbox"/>	Approximate
5	Sex	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
6a	How is the child related to the Primary Carer				
		<input type="checkbox"/>	Biological child		
		<input type="checkbox"/>	Adopted child		
		<input type="checkbox"/>	Step child		
		<input type="checkbox"/>	Other (specify below)		
		<input type="checkbox"/>	Unrelated		
6b	How is the child related to the Secondary Carer				
		<input type="checkbox"/>	Biological Child		
		<input type="checkbox"/>	Adopted Child		
		<input type="checkbox"/>	Step Child		
		<input type="checkbox"/>	Other (specify below)		
		<input type="checkbox"/>	Unrelated		
7	Is the child Aboriginal or Torres Strait Islander?				
		<input type="checkbox"/>	No		
		<input type="checkbox"/>	Aboriginal		
		<input type="checkbox"/>	Torres Strait Islander		
		<input type="checkbox"/>	Both Aboriginal & TSI		
		<input type="checkbox"/>	Not Known		
8	Does this person have a diagnosed disability?				
		<input type="checkbox"/>	No disability		
		<input type="checkbox"/>	Intellectual/learning		
		<input type="checkbox"/>	Psychiatric		
		<input type="checkbox"/>	Sensory/speech		
		<input type="checkbox"/>	Physical/diverse		
		<input type="checkbox"/>	Other – (please specify below)		

Section 4. Child Information (cont'd)

Child 5						Child 6					
1	First Name					1	First Name				
2	Surname					2	Surname				
3	Date of Birth	/	/	(dd/mm/yyyy)		3	Date of Birth	/	/	(dd/mm/yyyy)	
4	Date of Birth Status	<input type="checkbox"/>	Confirmed	<input type="checkbox"/>	Approximate	4	Date of Birth Status	<input type="checkbox"/>	Confirmed	<input type="checkbox"/>	Approximate
5	Sex	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	5	Sex	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
6a	How is the child related to the Primary Carer					6	How is the child related to the Primary Carer				
		<input type="checkbox"/>	Biological child					<input type="checkbox"/>	Biological child		
		<input type="checkbox"/>	Adopted child					<input type="checkbox"/>	Adopted child		
		<input type="checkbox"/>	Step child					<input type="checkbox"/>	Step child		
		<input type="checkbox"/>	Other (specify below)					<input type="checkbox"/>	Other (specify below)		
		<input type="checkbox"/>	Unrelated					<input type="checkbox"/>	Unrelated		
6b	How is the child related to the Secondary Carer					6b	How is the child related to the Secondary Carer				
		<input type="checkbox"/>	Biological child					<input type="checkbox"/>	Biological child		
		<input type="checkbox"/>	Adopted child					<input type="checkbox"/>	Adopted child		
		<input type="checkbox"/>	Step child					<input type="checkbox"/>	Step child		
		<input type="checkbox"/>	Other (specify below)					<input type="checkbox"/>	Other (specify below)		
		<input type="checkbox"/>	Unrelated					<input type="checkbox"/>	Unrelated		
7	Is the child Aboriginal or Torres Strait Islander?					7	Is the child Aboriginal or Torres Strait Islander?				
		<input type="checkbox"/>	No					<input type="checkbox"/>	No		
		<input type="checkbox"/>	Aboriginal					<input type="checkbox"/>	Aboriginal		
		<input type="checkbox"/>	Torres Strait Islander					<input type="checkbox"/>	Torres Strait Islander		
		<input type="checkbox"/>	Both Aboriginal & TSI					<input type="checkbox"/>	Both Aboriginal & TSI		
		<input type="checkbox"/>	Not Known					<input type="checkbox"/>	Not Known		
8	Does this person have a diagnosed disability?					8	Does this person have a diagnosed disability?				
		<input type="checkbox"/>	No disability					<input type="checkbox"/>	No disability		
		<input type="checkbox"/>	Intellectual/learning					<input type="checkbox"/>	Intellectual/learning		
		<input type="checkbox"/>	Psychiatric					<input type="checkbox"/>	Psychiatric		
		<input type="checkbox"/>	Sensory/speech					<input type="checkbox"/>	Sensory/speech		
		<input type="checkbox"/>	Physical/diverse					<input type="checkbox"/>	Physical/diverse		
		<input type="checkbox"/>	Other – (please specify below)					<input type="checkbox"/>	Other – (please specify below)		

Section 5. Family's Identified Issues

1.	Reasons for referring this family to the Brighter Futures program.									
2.	Please outline the referring agency's involvement with the child / family.									
3.	Family's current involvement with other services (if any).									
4.	Is the mother pregnant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>	Approximate Due Date	/ /	(dd/mm/yyyy)
5.	Which of the following issues have been identified? Please give comprehensive details of all applicable issues.									

	Issue	Comments Are the identified issues recent or do they reflect a chronic situation? Has the family been involved with other services to address these issues?
i	Domestic violence	
ii	Parental drug and alcohol issues	
iii	Parental mental health issues	
iv	Lack of extended family and social support	
v	Parents with significant learning difficulties or intellectual disability	
vi	Lack of parenting skills / inadequate supervision	
vii	Child behaviour management problems	
viii	Past involvement with DoCS Community Services.	

6.	Other information						

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Section 6. Primary Carer / Parent(s) Consent

Consent for Provision of Information for Referral to the Brighter Futures program

I / We (please print your name/s)

Agree to my/our personal information being collected and sent to Samaritans Brighter Futures Program

So they can determine if my/our family is eligible for the Brighter Futures program and to the local DoCS Team so they can allocate my/our family with a unique family identifier number.

Yes No

My / our consent will stop if I / we give Samaritans Brighter Futures Program notice in writing.

I / we have been informed about how our personal information will be used and we give my / our information voluntarily

Signed by Carer / Parent(s)	X	Dated	/ / (dd/mm/yyyy)
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Signed by Carer / Parent(s)	X	Dated	/ / (dd/mm/yyyy)
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Primary Carer / Parent(s) consent on behalf of children under 16 years or family members who lack legal capacity

I / We (please print your name/s)

As, (eg primary carer / parent(s)) give my / our consent on behalf of:

(print each child's name / family member in boxes below)

For my / our children / family member's personal information to be given to the Samaritans Brighter Futures Program so they can determine if my/our family is eligible for the Brighter Futures program and the local DoCS Team so they can allocate my/our family with a unique family identifier number. I / We understand and agree that this information can be used for the purposes of research and evaluation (including surveys and questionnaires) of the Brighter Futures program by Samaritans Brighter Futures Program.

Yes No

Signed on behalf of children / family members	X	Dated	/ / (dd/mm/yyyy)
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Verbal Consent by Primary Carer / Parent(s)

To be used by Referring Agency where it is not possible to obtain primary carer / parent(s) consent in writing.

I / We	(please print your name/s)		of
(agency)		Dated	/ / (dd/mm/yyyy)
obtained verbal informed consent of	(please primary carer/parent(s) name)		
for this agency to collect, hold and send her/his family's personal information to		Samaritans Brighter Futures Program	
to determine if the family is eligible for the Brighter Futures program and the Local DoCS Team so they can allocate my/our family with a unique family identifier number..			
Signed (referral agency) worker	X	Dated	/ / (dd/mm/yyyy)
Position			