



Kinship Care

Please complete all sections of this referral so we can address your needs as soon as possible.
Samaritans collect information to better understand the people we support. Samaritans and the funding body (DSS) use this to improve services and ensure community needs are met.

Consent to collection of personal information:

Verbal Permission obtained by _____ Date _____

Yes / N Signature _____ Date _____

Family / Client Details:

Name:		Gender:	DOB:
Address:			Postcode:
Phone / Mobile:		E-Mail address	
Aboriginal/Torres Strait Islander?	Disability?	Main Language /Interpreter Required?	

Children's details

Relationship to Carer _____

Name:		Gender:	DOB:
Aboriginal / Torres Strait Islander? yes / no	Main language:	Disability?	
Name:		Gender:	DOB:
Aboriginal / Torres Strait Islander? yes / no	Main language:	Disability?	
Name:		Gender:	DOB:
Aboriginal / Torres Strait Islander? yes / no	Main Language:	Disability?	
Name:		Gender:	DOB:
Aboriginal / Torres Strait Islander? yes / no	Main Language:	Disability?	
Name:		Gender:	DOB:
Aboriginal / Torres Strait Islander? yes / no	Main Language:	Disability?	
Name:		Gender:	DOB:
Aboriginal / Torres Strait Islander? yes / no	Main Language:	Disability?	

Referral Information: Background Information

Do you have court orders for the child/children in your care?

Family Court Children's Court No orders

What are you hoping Samaritans Kinship Care may be able to help you with?

- | | |
|---|--|
| <input type="checkbox"/> Centrelink Information | <input type="checkbox"/> Educational Matters |
| <input type="checkbox"/> Legal information | <input type="checkbox"/> National Disability Insurance Scheme (NDIS) |
| <input type="checkbox"/> Counselling Children/Carer | <input type="checkbox"/> Kinship Groups |
| <input type="checkbox"/> Childcare Information 0-12 years | <input type="checkbox"/> Other – <i>Please Specify:</i> |

Other Agencies working with the family:

Agency: Eg Department of Education	Worker: Teacher and Principal's name	Contact Details:

Referrers Details:		Date:
Name:	Agency / or self	
Email Address:		
Phone:	Mobile:	