Samaritans

REFERRAL – Child and Parenting Service (CAPS)

Referral Criteria

The CAPS team provides an early intervention that builds on parents and carers capacity to ensure positive relationships with their children and their child's wellbeing. These interventions are designed to support families to build connections, capacity, and attachments, through case management, parenting programs and education, routine development and referrals out to other services if required.

Please consider the referral criteria below before referring:

- This program has a primary focus on children aged 0-12 years and should provide early intervention and support for families, couples, children and individuals.
- Families must live in Lake Macquarie, Cessnock, Maitland, Lower Hunter, Newcastle or Port Stephens local government areas.

Please return this form by e-mail – caps@samaritans.org.au. If you are unsure if this referral is suitable or want to discuss it further, please call **Team Leader: Ph 0436 924 518.**

REFERRER DETAILS			
Referrer Name:		**Date:**	
Organisation:		**Position:**	
Contact Number:			
Email:			
Relationship to person:			

YES ☐ NO ☐	Samaritans have an obligation to enter data, captured in our registration forms and questionnaires, to the Department of Social Services (DSS) Data Exchange system (DEX). The privacy of this personal information is protected by law, including the Commonwealth Privacy Act 1988.
YES ☐ NO ☐	I/We understand all the information on this form will be kept strictly confidential and will not be shared with any person/s outside of Samaritans without permission; unless it is necessary in order to provide safety for you or your child/ren. .
YES ☐ NO ☐	I/We understand that Samaritans employees are mandatory reporters under the Child and Young Persons (Care and Protection) Act 1998. Mandatory reporters will make a report to the child safety help line and/or police reporting if we suspect a child/ren is at risk of significant harm.
Consent to share info? YES ☐ NO ☐	Is the client currently engaged with other services? *Please provide further detail:*

Signature of Client (where possible)		**Date:**

Consent for this referral from Client: **Yes ☐ No ☐**
(acknowledgement of above and consent to share information must be obtained prior to this referral)

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CLIENT INFORMATION: Parent/Carer Details			
Surname:		**First name:**	
Preferred name:		**Date of birth:**	
Gender:		**Pronouns:**	
Address:		**Phone:**	
E-Mail:		**Country of birth:**	
Preferred method of contact:			

Is any other language other than English spoken at home? YES ☐ NO ☐

Aboriginal ☐ | Torres Strait Islander ☐ | Neither ☐ | Both ☐ | Prefer not to say ☐
CALD ☐ Country of origin:

Is this person impacted by a disability, mental health or health challenges?
Behavioural concerns? YES ☐ NO ☐ *Please provide further information*

Additional Partner/Parent/Carer information (if applicable)			
Surname:		**First name:**	
Preferred name:		**Date of birth:**	
Gender:		**Pronouns:**	
Address:		**Phone:**	
E-Mail:		**Country of birth:**	
Preferred method of contact:			

Is any other language other than English spoken at home? YES ☐ NO ☐

Aboriginal ☐ | Torres Strait Islander ☐ | Neither ☐ | Both ☐ | Prefer not to say ☐
CALD ☐ Country of origin:

Is this person impacted by a disability, mental health or health challenges? YES ☐ NO ☐
Behavioural concerns? YES ☐ NO ☐ *Please provide further information.*

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Child/ren Details			
Surname:		**First name:**	
Preferred name:		**Date of birth:**	
Gender:		**Pronouns:**	
Address:		**Phone:**	
Country of birth:			
Relationship to parent carer:			

Is any other language other than English spoken at home? YES ☐ NO ☐

Aboriginal ☐ | Torres Strait Islander ☐ | Neither ☐ | Both ☐ | Prefer not to say ☐
CALD ☐ Country of origin:

Is this person impacted by a disability, mental health or health challenges? YES ☐ NO ☐
Behavioural concerns? YES ☐ NO ☐ *Please provide further information.*

Child/ren Details			
Surname:		**First name:**	
Preferred name:		**Date of birth:**	
Gender:		**Pronouns:**	
Address:		**Phone:**	
Country of birth:			
Relationship to parent carer:			

Is any other language other than English spoken at home? YES ☐ NO ☐

Aboriginal ☐ | Torres Strait Islander ☐ | Neither ☐ | Both ☐ | Prefer not to say ☐
CALD ☐ Country of origin:

Is this person impacted by a disability, mental health or health challenges? YES ☐ NO ☐
Behavioural concerns? YES ☐ NO ☐ *Please provide further information.*

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Child/ren Details			
Surname:		**First name:**	
Preferred name:		**Date of birth:**	
Gender:		**Pronouns:**	
Address:		**Phone:**	
Country of birth:			
Relationship to parent carer:			
Is any other language other than English spoken at home? YES ☐ NO ☐			
Aboriginal ☐ | Torres Strait Islander ☐ | Neither ☐ | Both ☐ | Prefer not to say ☐ CALD ☐ Country of origin:			
Is this person impacted by a disability, mental health or health challenges? YES ☐ NO ☐ **Behavioural concerns?** YES ☐ NO ☐ *Please provide further information.*			

Additional Family Members/ Other Significant person	*Yes*	*No*	*Unknown*
Are there any other significant person/s involved with the family?	☐	☐	☐
Do we have permission to contact?	☐	☐	☐

Additional Family Members/ Other Significant person	Relationship to Family	Contact

Additional Information	Yes	No
Is there any current or has there been any historic domestic family violence within the family or home environment? **Helpline Engagement number:**	☐	☐
Are there any AVO's or court orders in place. **AVO Conditions:**	☐	☐
Is there any involvement with the police or legal system that we should be aware of? **Police Engagement Number:**	☐	☐
Does anyone in the home misuse alcohol or other drugs?	☐	☐
Is there any immediate safety concerns identified?	☐	☐

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	Yes	No
Currently involvement with child protection services? **Helpline Engagement Number:**	☐	☐
Prior involvement?	☐	☐
Immediate crisis?	☐	☐
Safe and secure housing?	☐	☐
Access to adequate food, clothing, transport and housing for your family? (Financial Hardship)	☐	☐
If yes to any of the above, please provide further information:		

Please give details and any furter information about the reasons for this referral:

☐ Parenting programs ☐ Case Management ☐ Parenting Support

☐ Early Intervention (0-12 yrs) ☐ Playgroup Information

Home and Environment Safety:	
Who lives in the Home?	
Any Pets?	
Safety Issues or Hazards?	

SIGNATURE of referring person:	