akg Health

Child and Family Services Referral Form
New South Wales

Referring Agency Details

Referring Agency:			
Postal Address:			
Phone:		**Mobile:**	
Referrer Name:		**Position:**	
Email:			
Supervisor Name:		**Position:**	
Email:			
Referral Date:			

Report Required Outside of Standard Timelines?

Date Required:			
Reason:			
Is this matter currently before the court?	Y / N	**If yes, date of next hearing:**	

Specific Assessor Request (If applicable)

e.g. Psychologist, Social Worker, Multicultural or Aboriginal/Torres Strait Islander Assessor	

Type of Assessment Required (tick where applicable)

☐	**Relative Kinship Carer Authorisation** ☐ RKC Initial Training ☐ Guardianship Viability Plan	☐	**Carer Review** ☐ Annual ☐ 5 year
☐	**Carer Training**	☐	**Placement Review**
☐	**Parenting Capacity Assessment**	☐	**Restoration Assessment/Plan**
☐	**Guardianship Assessment**	☐	**Shared Lives Training**
☐	**Foster Care Assessment**	☐	**SBS Framework to be used**
☐	**Best Interest Placement Assessment** (Comparative assessment of 2 or more placements for the one child or sibling group)	☐	**Other:** _____ (Our clinical team will call to discuss a solution to your specific need)

To assist providing you with an accurate range of hours, please provide a comprehensive description of the specific components, including quantity of additional tasks, number of additional members to be interviewed, and number of professionals to be consulted on the following pages.

Additional Assessment Components Required (if not included in standard assessment)

Component Required		
☐	**Case Consultation prior to commencing Assessment** (additional to the initial half-hour consultation)	
Case Files to be Reviewed (a physical file, or bundle of 100 electronic documents)		
☐	**Child**	Number of Files
☐	**Carer**	Number of Files
Documents or Reports to be considered (when a Case File Review is not requested)		
☐	Number of Files	
☐	**Service Provider Consultations** (Please list) **1:** _____ **2:** _____ **3:** _____	
☐	**Observations of the relationship between the child and applicant**	
☐	**Comprehensive Interview of Other Household Members e.g.: Grandparents, boarders**	
☐	**Interview of Adult Children no longer living in the home**	
☐	**Interview of the Child/Young Person whom the assessment concerns not living in the home of the applicant**	
☐	**Aboriginal Consultation**	
☐	**Comprehensive Cultural Considerations**	
☐	**Interview Child(ren) / Young Person's Parents**	
Additional Documentation to Complete for the Assessment		
☐	**Housing Safety Inspection Checklist**	
☐	**Individual Profile of Applicant**	
☐	**Executive Summary Page**	
☐	**Confidential Referee Forms**	**Number of referees to complete:**
☐	**Other Task not listed above** (to be discussed prior to quoting) _____	

Household Summary

Number of applicants in the home	
Number of children 16 years and above living in the home (including adult children)	
Number of children under 16 living in the home	
Number of other household members (not included above)	
Number of extended family / regular visitors to be assessed as household members	

Applicant(s)

Name	D.O.B.	Gender	Relationship to the C/YP
1.			
2.			

Address	Contact	Cultural Identification (nationality, ethnicity, language, religion)
1.		
2.		

Household Composition

All adults, children and extended family / regular visitors to be interviewed, excluding applicants, and referred child(ren)/young person)

Name	D.O.B.	Age	Gender	Relationship to the C/YP
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Child(ren) / Young Person's Parents (If an interview has been requested)

Name	D.O.B.	Gender	Phone Number	Relationship to the C/YP
1.				
2.				

Child(ren)/Young Person(s) for whom this Assessment Concerns

Name	D.O.B.	Age	Gender	Aboriginal and/ or Torres Strait Islander	Cultural Identification	Medical needs /diagnosis	Legal Order
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Additional Household Information

Worker Safety and Access to the Property

Please note whether there are any known risks associated with home visits in relation to the household or its residents. Please also outline any necessary information regarding access to the property:

Language spoken at Home		Interpreter Required	Y / N

Child Protection / Placement History

Notes: Reports and/or other records that identify harm/risk/s for the child(ren)

Additional Information Relevant to the Specific Assessment Requested

Notes: Including, but not limited to, overall assessment purpose or background of applicants/parents

Documents Attached

Please identify the title and date of each document attached to this referral form

Title	Author	Date

Please email the completed form to **cwa@assessments.com.au**

We look forward to working with you.