

T4K 10 Week Referral Form

Email to: T4K@rasa.org.au | Phone: 08 8245 8190

Before submitting this referral please ensure;

- The child is aged 0-12 years within the FDV & Homelessness Sector
- Child has an active case plan on H2H. In addition to this referral, you have submitted a H2H referral. **Must select YTH- Child Specific Specialist Counselling Service**
- Your service agrees to keep the child open on H2H for the duration of T4K engagement
- Separate referral form completed for each child in family

FDV & Homelessness Sector Referrer Information		
Case Manager details	Name	Email address
Service name		
Phone number		
Mobile number		
Date of referral		
Main concerns for referral	<input type="checkbox"/> Suicidal ideation/ self -harm <input type="checkbox"/> Increase emotional distress <input type="checkbox"/> Family relationship issues <input type="checkbox"/> Peer relationship issues <input type="checkbox"/> Disengagement from education <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Developmental regression <input type="checkbox"/> Withdrawn <input type="checkbox"/> Parentified roles <input type="checkbox"/> Challenging behaviours <input type="checkbox"/> Isolation <input type="checkbox"/> Sleep difficulties <input type="checkbox"/> Homelessness <input type="checkbox"/> Gaming <input type="checkbox"/> Parental alienation <input type="checkbox"/> Trauma	

Primary Carer Information	
Relationship to Child	<input type="checkbox"/> Mum <input type="checkbox"/> Dad <input type="checkbox"/> Aunty <input type="checkbox"/> Uncle <input type="checkbox"/> Nanna <input type="checkbox"/> Sibling <input type="checkbox"/> Sister <input type="checkbox"/> Cousin <input type="checkbox"/> Guardian <input type="checkbox"/> Other.....
Name	Date of Birth
Address	
Phone number	
Cultural identity	
Mob connections, family names or Kinship	
Main language spoken	
Is English a second language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person aware of this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is this person willing to be part of the Together4Kids support to the child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does this person live with the child you are referring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How many people living in the household?	Adults	Children	Dog
Factors impacting parenting (Please tick applicable factors)	<input type="checkbox"/> Emergency accommodation <input type="checkbox"/> Trauma <input type="checkbox"/> Court orders <input type="checkbox"/> Domestic violence <input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Family violence <input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Mediation <input type="checkbox"/> Intervention order <input type="checkbox"/> Mental health <input type="checkbox"/> AOD misuse <input type="checkbox"/> Social isolation <input type="checkbox"/> Financial difficulties <input type="checkbox"/> Child protection <input type="checkbox"/> Historical <input type="checkbox"/> Current <input type="checkbox"/> Homelessness <input type="checkbox"/> Other (please specify).....		

Child Information		
Name		
Gender identity		
Age		
Date of Birth		
Current school/kindy/childcare		
Year/grade level		
Cultural identity		
Main language spoken		
Is English a second language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interpreter required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please tick applicable factors impacting child	Past, current or both	If ticked, you must include details
<input type="checkbox"/> Domestic or family violence		
<input type="checkbox"/> AOD Misuse by adult caring for them		
<input type="checkbox"/> Neglect		
<input type="checkbox"/> Recent CARL notification		
<input type="checkbox"/> Court order		
<input type="checkbox"/> Intervention order		
<input type="checkbox"/> Mental illness		
<input type="checkbox"/> Developmental delay/disability/diagnosis		

Summarise your work with the family [case plan, length of support] & any other relevant information

What are the protective factors for this child? Family strengths? What's been working well?

What service supports are actively involved/currently in place?

Child	Adult/Family		Child	Adult/Family	
<input type="checkbox"/>	<input type="checkbox"/>	Department for Child Protection	<input type="checkbox"/>	<input type="checkbox"/>	CAMHS
<input type="checkbox"/>	<input type="checkbox"/>	Intervention order	<input type="checkbox"/>	<input type="checkbox"/>	FMHSS
<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	Sonder
<input type="checkbox"/>	<input type="checkbox"/>	Legal support	<input type="checkbox"/>	<input type="checkbox"/>	Headspace
<input type="checkbox"/>	<input type="checkbox"/>	Child Contact Service	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Plan completed
<input type="checkbox"/>	<input type="checkbox"/>	Family Safety Framework	<input type="checkbox"/>	<input type="checkbox"/>	Counselling, psychologist
<input type="checkbox"/>	<input type="checkbox"/>	DECD Wellbeing Support	<input type="checkbox"/>	<input type="checkbox"/>	DV Counselling
<input type="checkbox"/>	<input type="checkbox"/>	DECD Aboriginal Education Worker	<input type="checkbox"/>	<input type="checkbox"/>	Nunkawurrin Yunti
<input type="checkbox"/>	<input type="checkbox"/>	Walkalong	<input type="checkbox"/>	<input type="checkbox"/>	Mentor
<input type="checkbox"/>	<input type="checkbox"/>	Konar Winmil Yunti [KWY]	<input type="checkbox"/>	<input type="checkbox"/>	Allied Health
<input type="checkbox"/>	<input type="checkbox"/>	Housing	<input type="checkbox"/>	<input type="checkbox"/>	NDIS
<input type="checkbox"/>	<input type="checkbox"/>	AFFS	<input type="checkbox"/>	<input type="checkbox"/>	Other.....

Safety Risks

Has a risk assessment been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a safety plan been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the perpetrator aware of the family's location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it safe for a Together4Kids practitioner to visit this child at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you request the initial visit be a joint visit with you and Together4Kids practitioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any other important information the Together4Kids worker needs to be aware of, before visiting the child?
(e.g. drug/alcohol misuse, family/neighbour conflict)

Please submit to T4K@rasa.org.au and we will be in touch soon. Thank you.