T4K 14 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	☐ Suicidal ideation/ self -harm ☐ Increase emotional distress ☐ Family relationship issues ☐ Peer relationship issues ☐ Disengagement from education ☐ Sexual abuse ☐ Developmental regression ☐ Withdrawn	☐ Parentified roles ☐ Challenging behaviours ☐ Isolation ☐ Sleep difficulties ☐ Homelessness ☐ Gaming ☐ Parental alienation ☐ Trauma

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

Is this person willing to be part of the Together4Kids support to the child?	☐ Yes ☐ No
Does this person live with the child you are referring?	☐ Yes ☐ No
How many people living in the household?	Adults ..... Children ..... Dog .....
Factors impacting parenting (Please tick applicable factors)	☐ Emergency accommodation ☐ Trauma ☐ Court orders ☐ Domestic violence ☐ Past ☐ Present ☐ Family violence ☐ Past ☐ Present ☐ Mediation ☐ Intervention order ☐ Mental health ☐ AOD misuse ☐ Social isolation ☐ Financial difficulties ☐ Child protection ☐ Historical ☐ Current ☐ Homelessness ☐ 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?	☐ Yes ☐ No	
Interpreter required?	☐ Yes ☐ No	
Please tick applicable factors impacting child	Past, current or both	If ticked, **you must** include details
☐ Domestic or family violence		
☐ AOD Misuse by adult caring for them		
☐ Neglect		
☐ Recent CARL notification		
☐ Court order		
☐ Intervention order		
☐ Mental illness		
☐ 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	
☐	☐	Department for Child Protection	☐	☐	CAMHS
☐	☐	Intervention order	☐	☐	FMHSS
☐	☐	Mediation	☐	☐	Sonder
☐	☐	Legal support	☐	☐	Headspace
☐	☐	Child Contact Service	☐	☐	Mental Health Plan completed
☐	☐	Family Safety Framework	☐	☐	Counselling, psychologist
☐	☐	DECD Wellbeing Support	☐	☐	DV Counselling
☐	☐	DECD Aboriginal Education Worker	☐	☐	Nunkawurrin Yunti
☐	☐	Walkalong	☐	☐	Mentor
☐	☐	Konar Winmil Yunti [KWY]	☐	☐	Allied Health
☐	☐	Housing	☐	☐	NDIS
☐	☐	AFFS	☐	☐	Other.....

Safety Risks

Has a risk assessment been completed?	☐ Yes	☐ No
Has a safety plan been completed?	☐ Yes	☐ No
Is the perpetrator aware of the family's location?	☐ Yes	☐ No
Is it safe for a Together4Kids practitioner to visit this child at home?	☐ Yes	☐ No
Do you request the initial visit be a joint visit with you and Together4Kids practitioner?	☐ Yes	☐ 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.