Together4Kids™

Relationships Australia SOUTH AUSTRALIA

T4K 14 Session 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 or Homelessness Sector
- ☐ You have submitted a H2H referral.
  Must select YTH - Child Specific Specialist Counselling Service
- ☐ Parent/Caregiver wants to participate in the parenting sessions
  held Fortnightly Wednesdays | 10.00am - 11.30am during the school term
- ☐ Parent/Caregiver will join the parenting sessions onsite at Relationships Australia SA | 49a Orsmond Street Hindmarsh and your service will support with transport if required
- ☐ Parent/Caregiver will be bringing child/ren to the parenting sessions onsite
  (a therapeutic group for children will be held simultaneously with the parenting group)
- ☐ Parent/Caregiver will join the parenting sessions online and has access to appropriate technology to enable this
- ☐ Service will provide a space and technology for parent/caregiver to join the parenting sessions online at Service

FDV or 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issues ☐ Peer relationship issues ☐ Disengagement from education ☐ Sexual abuse ☐ Developmental regression ☐ Withdrawn	☐ Parentified roles ☐ Challenging behaviours ☐ Isolation ☐ Sleep difficulties ☐ Homelessness ☐ Gaming ☐ Parental alienation ☐ Trauma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		
Phone number		Email Address		
Address				
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)…………………………………………………………………………

First Child Information

Name		Gender Identity	
Date of Birth		Age	
Current school/kindy/child care		Year/grade level	
Cultural identity		Main language spoken	
Is English a second language?	☐ Yes ☐ No	Interpreter required	☐ Yes ☐ No

Second Child Information

Name		Gender Identity	
Date of Birth		Age	
Current school/kindy/child care		Year/grade level	
Cultural identity		Main language spoken	
Is English a second language?	☐ Yes ☐ No	Interpreter required	☐ Yes ☐ No

Third Child Information

Name		Gender Identity	
Date of Birth		Age	
Current school/kindy/child care		Year/grade level	
Cultural identity		Main language spoken	
Is English a second language?	☐ Yes ☐ No	Interpreter required	☐ Yes ☐ No

Fourth Child Information

Name		Gender Identity	
Date of Birth		Age	
Current school/kindy/child care		Year/grade level	
Cultural identity		Main language spoken	
Is English a second language?	☐ Yes ☐ No	Interpreter required	☐ Yes ☐ No

Fifth Child Information

Name		Gender Identity	
Date of Birth		Age	
Current school/kindy/child care		Year/grade level	
Cultural identity		Main language spoken	
Is English a second language?	☐ Yes ☐ No	Interpreter required	☐ Yes ☐ No

Child/ren Information

Please tick applicable factors impacting child/ren	Past, current or both	If ticked, **<u>you must</u>** 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

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