# 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

| 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<br>☐ Increase emotional distress<br>☐ Family relationship issues<br>☐ Peer relationship issues<br>☐ Disengagement from education<br>☐ Sexual abuse<br>☐ Developmental regression<br>☐ Withdrawn | ☐ Parentified roles<br>☐ Challenging behaviours<br>☐ Isolation<br>☐ Sleep difficulties<br>☐ Homelessness<br>☐ Gaming<br>☐ Parental alienation<br>☐ 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<br>☐ Trauma<br>☐ Court orders<br>☐ Domestic violence ☐ Past ☐ Present<br>☐ Family violence ☐ Past ☐ Present<br>☐ Mediation<br>☐ Intervention order<br>☐ Mental health<br>☐ AOD misuse<br>☐ Social isolation<br>☐ Financial difficulties<br>☐ Child protection ☐ Historical ☐ Current<br>☐ Homelessness<br>☐ 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, **you must** include details |
| ☐ Domestic or family violence | Select one | |
| ☐ AOD Misuse by adult caring for them | Select one | |
| ☐ Neglect | Select one | |
| ☐ Recent CARL notification | Select one | |
| ☐ Court order | Select one | |
| ☐ Intervention order | Select one | |
| ☐ Mental illness | Select one | |
| ☐ Developmental delay/disability/diagnosis | Select one | |

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..... |

If any service supports are ticked above, please provide details here (Worker's name and contact details etc.)

Is there a current Safety Plan in place for the parent? ☐ Yes ☐ No

Is there a current Safety Plan in place for the child? ☐ Yes ☐ No

Safety Risks

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