

T4K Motel Support Referral Form

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

FDV & Homelessness Sector Referrer Information					
Case Manager details	<table border="1"> <thead> <tr> <th>Name</th> <th>Email address</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Email address		
Name	Email address				
Service name					
Phone number					
Mobile number					
Date of referral					
Reason for referral	Carer would benefit from: <input type="checkbox"/> Strategies to support establishing/maintaining routine <input type="checkbox"/> Activities to nurture their connection <input type="checkbox"/> Co-regulation strategies to comfort & soothe child/ren <input type="checkbox"/> Making sense of behaviours				

Motel Information	
Motel name	
Address	
Phone number	
Room number	
How many nights have the family stayed in the motel?	
How many adults in room?	
How many children in room?	
Any pets?	

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
Phone number	
Cultural identity	
Mob connections 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
Factors impacting parenting (Please tick applicable factors)	<input type="checkbox"/> Intensive Crisis Case Management in 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	H2H ID Number
Please tick applicable factors child/ren are impacted by	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"/> Disability				
Is it safe for T4K practitioner to visit family in motel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Will 2 practitioners be required/beneficial?	<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		
Are there any safety issues T4K practitioners need to be aware of before going to visit the motel? (E.g. perpetrators attending motel, drug/alcohol use, neighbour conflict etc.) Please provide details:				

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