

**FAMILY CONNECT – FAMILY SUPPORT SERVICE**

**REFERRAL FORM**

**DATE OF REFERRAL**.....

**CLIENT ID NO**.....  
(OFFICE USE ONLY)

The service supports families with children 0-12 in Hervey Bay and surrounds, providing information and practical support with issues such as positive parenting, behaviour management, household routines, living skills, advocacy and agency referral . This is a free and confidential home visiting service provided by our Family Support Worker. Volunteer ParentAides may also be available to provide ongoing social and emotional support.

**PERSON MAKING REFERRAL**

NAME:		AGENCY:
PHONE:	MOBILE:	ROLE:
EMAIL:		FAX:

**CLIENT DETAILS**

PARENT/S NAME/S: (If living together)		DOB:
		DOB:
ADDRESS:		
HOME PHONE:		MOBILE:
EMAIL (Optional)		

**CHILD DETAILS**

SURNAME	FIRST NAME	AGE	DOB

**REASON FOR REFERRAL**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> CHILD AT RISK/ABUSE | <input type="checkbox"/> INDIGENOUS     | <input type="checkbox"/> GRANDPARENT            |
| <input type="checkbox"/> DOMESTIC VIOLENCE   | <input type="checkbox"/> CALD           | <input type="checkbox"/> LACK OF TRANSPORT      |
| <input type="checkbox"/> DISABILITY/ILLNESS  | <input type="checkbox"/> BLENDED FAMILY | <input type="checkbox"/> HOUSEHOLD MANAGEMENT   |
| <input type="checkbox"/> NEW TO AREA         | <input type="checkbox"/> SOLE PARENT    | <input type="checkbox"/> FINANCIAL DIFFICULTIES |

**OTHER AGENCIES INVOLVED WITH FAMILY**