

Orange Family Support Service – Referral Form  
Please Email to: admin@ofss.ngo.org.au

<b>Date:</b>	<b>Referral Number:</b>	<b>Client Number:</b>
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<b>Referral Agency:</b>	<b>Phone:</b>
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<b>Agency Email:</b>
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<b>Name of Referrer:</b>	<b>Fax:</b>
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<b>Name of Main Parent/Carer</b>	<b>Partner</b>
<b>Parent/Carer's D.O.B.:</b>	
<b>Carer's Address:</b>	<b>Partner's Address (if different to parent)</b>
<b>Carer's Phone and/or Mobile:</b>	<b>Partner's Phone and/or Mobile:</b>

<b>Where did you hear about our Service?:</b>
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**\*\* Please Circle:**

**Aboriginal/TSI: YES / NO   Alcohol or Other Drugs: YES / NO   Mental Health: YES / NO**

**Children living at Home and elsewhere:**

First Name	Last Name	DOB

**Previous Client?:**

**Interpreter Required?:**

**Client awareness of referral**

Is the client aware that the referral is being made: **YES /**

**Reason for Referral:**

Parenting Issues	Information/Community Resources	Financial Issues	
Relationship Issues	Social isolation	Domestic Violence	
Home Management	Other:		

**What are the client's expectations of our service?** (according to the referral agency)

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**What further involvement will referring agency have with the client?**

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**Other Agencies' Involvement**

Agency Name	Contact Worker (if known)

**Court Orders**

Is the referrer aware of any current court orders relating to this family that may have an impact on family work?

Access Order?	Supervision Order?	Bail Conditions?
Apprehended Violence Order?	Other?	

**Details:**

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**Child Protection issues**

Does the referrer have any concerns for the safety of children in this family? **YES / NO**

If **yes**, please give details:

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**Reports to FaCS Helpline**

Is the referrer aware of reports to Family and Community Services of children from this family? **YES / NO**

If **yes**, please give details

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**Worker Safety**

Is the referrer aware of any issues with this family that would affect worker safety? **YES / NO**

If **yes**, please give details

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**Outcome of Referral:**

- One off assistance provided** (no further assistance required, referral/information given)
- Referral accepted**       **Date referral accepted**
- Referrer Notified**
- No service provided, referred onto:** \_\_\_\_\_