**F-096 Community First Step External Referral Form**

*For use by government and non-government agencies, community service organisations and other services to refer to Community First Step.*

The information that you provide on this form include your personal information. Your personal information is protected by law, including the Privacy Act 1988. Your personal information collected on this form is used primarily for Community First Step purposes.

As part of the services provided to you by Community First Step, we need to collect some information about you to assist the Australian Government Department of Social Services to conduct performance reporting and research relating to the services that you receive from this organisation. To assist this process, Community First Step will enter your personal information onto the DSS Data Exchange web-based portal which is administered by the Department of Social Services. The Department of Social Services will not use your personal information in an identifiable form when conducting its research and evaluation, except where you have agreed, or it is required by law.

You can find more information about the way the Department of Social Services will manage your personal information, including information about accessing and correcting personal information held on the DSS Data Exchange and making privacy complaints at the DSS website. For information about how Community First Step manages your personal information, please contact us on the below contact information.

Privacy Statement: Community First Step collects your personal information in order to assess the applicant’s suitability to receive a service from Community First Step or an alternative service Provider. Your information may be provided to other NSW agencies, Australian Government agencies, Non-Government organisations and other community service organisations for the purpose of assessment and providing services. Personal information will be managed in accordance with the Australian Privacy Principles which regulate the handling of personal information by Australian government agencies and some private sector organisations, the Privacy Act (Cth) 1988 and the Privacy and Personal Information Protect Act (NSW) 1998.

**Referring Agency**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Details**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male Female Other: \_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aboriginal Torres Strait Islander Neither

Country of Birth/Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education/Employment Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical/Physical Conditions: Yes No

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of people living in your household**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Name: | |  | 2. Name: | |
| Gender: | |  | Gender: | | |
| Relationship to client: | |  | Relationship to client: | | |
| Date of birth /Age:  (if known) | |  | Date of birth /Age:  (if known) | | |
|  |  |  |  |  |
| 3. Name: | |  | 4. Name: | |
| Gender: | |  | Gender: | |
| Relationship to client: | |  | Relationship to client: | |
| Date of birth /Age:  (if known) | |  | Date of birth /Age:  (if known) | |
|  |  |  |  |  |
| 5. Name: | |  | 6. Name: | |
| Gender: | |  | Gender: | |
| Relationship to client: | |  | Relationship to client: | |
| Date of birth /Age:  (if known) | |  | Date of birth /Age:  (if known) | |

**Emergency Contact Person Details**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Assistance Required**

|  |  |  |
| --- | --- | --- |
| **Youth & Family Services** |  | **Child & Family Services** |
| **Case Management** (please tick service/s required below): |  | **Case Management** (please tick service/s required below): |
| □ Youth Justice Conference |  | □ Parenting Difficulties / Family Conflict |
| □ Work & Development Orders |  | □ Child Behavioural Issues |
| □ School Suspension |  | □ Child Protection / Domestic Violence |
| □ Employment |  | □ Work & Development Orders |
| □ Family Conflict |  | □ Family Breakdown |
| □ School Issues |  | □ Accessing Services |
| □ Child Protection |  | □ Counselling |
| □ Substance Abuse |  | □ Employment |
| □ Food Parcels/Vouchers |  | □ Food Parcels / Vouchers |
| □ Offending Behaviour / Court Support |  | □ Mental Health & Wellbeing |
| □ Mental Health & Wellbeing |  | □ Substance Misuse |
|  |  |  |
| **Workshops / Groups** |  | **Workshops / Groups** |
| □ Employment |  | □ Parenting Programs |
| □ Suicide Prevention |  | □ Supported Playgroups |
| □ LGBTQIA |  |  |
| □ RAGE – Anger Management |  |  |
| □ Girls Group |  | **HUB Activities** |
| **Youth Centre Activities** |  | □ Gentle Exercise – Seniors |
| □ Sports (Basketball, Soccer, Volleyball, Touch Football) |  | □ Men’s Group |
| □ Recreation (Table Tennis, Foosball, Games, Art) |  | □ Conversational English |
| □ Education (Homework Help, Employment Support) |  | □ Knitting |
| □ Outreach (Legal Aid Support) |  | □ Form Filling |
|  |  |  |

|  |
| --- |
| **Other Services** |
| (Relevant service manager/coordinator will contact you for further details)  □ Disability Services |
| □ Children’s Services |

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Referral**

|  |
| --- |
|  |

**Referral Consent Information**

**Referring Agency Client**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once completed please send this form to [referrals@cfs.asn.au](mailto:referrals@cfs.asn.au)

If you would like to have a confidential discussion regarding your referral please contact   
CFS Head Office on 02 9727 4333

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

Date Referral Received: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

Received by (CFS Staff Member):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outcome of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_