

Referral Information

Referral date: Referring Service:
 Referring Worker: Referral location:
 Contact (Email):
 Contact (Phone):
 Service Integration Group referred to:

*Please send the completed Client Information, Consent and Referral form to your local **Service Integration Facilitator**:
 Their [contact details are available here on The Deck](#).*

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Client details

All adults who are to be discussed as part of the referral, will need to have completed a consent form.

Name: Date of Birth: Gender identity:
 Household type: Pronouns:
 Number of adults: Client contact details:
 Number of children: Cultural background:
 Number of dependents (18-24): First language:

Children/ dependents details *(insert more in Overview if needed)*

Name	Gender identity	Date of Birth	Interpreter Required:	Yes	No
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1.

2.

3.

Does any member of the household identify as LGBTQIA+? Yes No

Housing situation:

Has the client or any member of the household served in the Australian Defence Force? Yes No Unknown

Self-Care, Communication and Organisation:

Main source of household income:

Does the household have a housing application:

Has support been requested or identified for any member of the household during assessment for the following areas? *(all fields must be completed)*

Physical Health	
Mental Health	
Financial Difficulties	
Legal	
Disability	
Decision Capability (Formal guardianship or trustee)	
Problematic gambling	
Problematic Alcohol and/or drug use	
Domestic and Family Violence	
Sexual Violence	
Hoarding and Squalor	
Employment and Training difficulties	
Lack of family and/or community support	
Discrimination (Including institutional, racial, social, disability, sexual discrimination)	
Current involvement from Child Safety	
Transition from custodial arrangements	
Transition out of foster care or child safety	

Please provide more information around any identified needs on the next page.

Overview

Current location:

If you have identified needs on the previous page, provide more information here to inform the assessment:

Background - has anything significant led to current situation, what has been already tried, are there any barriers being experienced, housing history:

Goals - what does the household want to achieve with the referral to the Service Integration Group:

Identified strengths:

Any identified risks:

Current support agencies:

Any other information: