

Case Management Referral

All fields marked * are mandatory



CHILD/YOUNG Person's Details

*Full Name			
*Date of Birth		*Gender	
*Address			
*Suburb			
*State		*Postcode	

Cultural Identity (tick)

*Aboriginal		*Torres Strait Islander		*Other (specify)	
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FAMILY MEMBER/S – MAIN CARER/S

*Name		*Contact Number
*Relationship to client		
Name		*Contact Number
Relationship to client		

*Is a language other than English spoken as a first language in the home? (please select)	Yes	No	Unsure
*Please identify first language			
*If yes is an interpreting service required (please select)	Yes	No	Unsure
			*Who requires a translator?
*If yes which language			

Further Child/young person details (living in the family who may require support)

Name	DOB/Age	Cultural Identity	School (if applicable)

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Additional Agency involvement

*Are any other agencies working with the child/young person or their family (please select) This includes any referrals you have made to other agencies		Yes	No	Unsure
Name	Agency	Contact number		

Pre-assessment details: The boxes below are intended to be used as prompts for identifying additional need. They are not prescriptive, rather their purpose is to look at the 6 main outcome areas for children and young people, and to consider whether needs are being met. If you are unsure, or don't know information relating to the prompts, please state this providing an explanation for why this information is unknown. This will assist in directing further assessment

1. Physical Health: Does the child or young person appear to be healthy?

This means babies children and young people are physically healthy, sexually healthy, living healthy lifestyles, and choosing not to take illegal drugs. Are the parents, carers and families able to promote healthy choices to their children?

2. Mental Health

This means children and young people are mentally and emotionally healthy; confident, successfully dealing with life changes and challenges. If not provide details of difficulties experienced. Are the parents, carers and families able to promote resilience?

3. Relationships

This means babies children and young people engaging in social and community activities, developing positive relationships, both within their family, wider family, peers and community: Are the parents, carers and families able to promote positive relationships? If not provide details of any difficulties experienced

4. Material wellbeing

This means babies, children and young people live in decent homes and sustainable communities, have access to transport, activities and material goods, live in households free from low income. Are the parents, carers and families able to be economically active? If not provide details of problems being experienced.

5. Learning and Development

This means young children are ready for school, school-age children attend and enjoy school, are achieving appropriate milestones at primary and high school and are achieving personal and social development through education. Are the parents, carers and families able to support learning? If not provide details of problems being experienced.

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6. Safety

This means babies, children and young people are safe from maltreatment, neglect, violence and sexual exploitation, safe from accidental injury and death, safe from bullying and discrimination, safe from crime and anti-social behaviour in and out of school, and have security, stability and are cared for. Are parents, carers and families able to provide a safe home and stability? If not provide details of problems being experienced.

Risks identified

*Any known risks related to particular individuals within the home e.g. substance misuse, criminality, history of violence etc. Please add details of any ROSH reports and/or FACS involvement (with dates)

***Details**

*Referrer Name			
*Agency			
*Date		*Contact number	
Signed by referrer			
*Has the young person and/or their family provided consent to receive a service from Woodville Alliance	Yes	Details:	
	No		

Return completed referral to:

Email: strongminds@woodville.org.au

Fax: 9726 0325

If you having difficulties completing this referral you can contact the Woodville Alliance on: 9724 3807