

REFERRAL FORM – Targeted Early Intervention

Who can we support?

Families with children 0-18 years, and young people who are connected with their family, who reside in the Parramatta LGA. Targeted Early intervention is a DCJ funded program, that aims to support individuals within the family and the family unit as whole, through 3 months of case-management and associated programs and projects.

Need More Information?

See our website for more details of the program: www.hopeconnect.org.au
For more information, please call us on 9638 7955

Please complete all areas, attach assessments, and return form to: admin@hopeconnect.org.au

REFERRER DE	Date of Referra	al				
First Name		Last N	lame			
Organisation		Or	Self Ref	erral Family,	/Friend	Carer
Position		Or	Relatio	nship to client		
Phone		Email				
Consent	Yes No		•			

CLIENT DETAILS														
First Name							Last Na	me						
Address														
Suburb				Postcode				Date of Bir			f Birth			
Phone					Email									
Gender		-	ATSI	Yes	No	1	CALD	Yes	Ν	0	Country o	f Birth		
Are either of	the pare	nts	Yes	No)	For	mal M/I	Η,						
under 21 yea	rs of age	?				phy	sical dia	gnosis						

PARTNER/PRIMARY CAREGIVER DETAILS												
First Name						Last N	lame					
Address												
Relationship to	client								Date	of Birth		
Phone					Em	ail						
Gender		ATSI	Yes	No		CALD	Yes	No		Formal diagnosis	Yes	No

CHILDREN						
Name (First & Last)	D.0.B	Age	Gender	Formal Diagnosis(Y/N)	Primary custodial caregiver	ATSI
1						
2						
3						
4						
5						
6						
7						
8						

HELPFUL INFORMATION FOR US	
Main language spoken at home	
Best method of communication (mobile/email)	
Availability (specify days and times available)	
Communication support needs	
Hearing/vision/Reading & Writing/Interpreter	
Services already involved	
How did you hear about us?	

CURRENT CONCERNS (please tick)							
Family & Domestic Violence	NDIS						
Children at Risk	Community Participation						
Parenting	Housing						
Family Functioning	Employment						
Isolation	School attendance						
Material & Financial Wellbeing	Education & Skills Training (parent)						
Mental Health Concerns	Child development						
Abuse (sexual/psychological/physical/financial)							
Addiction (drug, alcohol, gambling, sexual, gam	ing)						
Wellbeing (physical, emotional, spiritual, cultur	al)						

MY STORY	

SERVICES INTERESTED IN (please tick)								
Family & Youth Support	Individual	Family						
Playgroup		Youth Programs						
Parenting Education		School Holiday Programs						
Counselling		Financial Support (Material Aid/NILS)						
Community Connection		Telopea Shed						

SAFETY INFORMATION										
ACCOMMODATION										
Type of acco	Type of accommodation:									
House	Flat	Caravan	Homeless	Supported Accomm	odation					
Private	Com	munity Housing	DOH	Temporary	Other					
Access										
Risks										
Pets										
Firearms										

DOMESTIC VIOLENCE SAFETY	ASS	ESSMENT QU	ESTIONS	(if applicable)			
Name of person committing v	nce:						
What is their relationship to	the c	lient:					
Please indication types of abo	use p	erpetrated:	Verbal	Verbal Emotional /Psychological Spiritual			
Financial Cyber bullying / ha	rassm	nent Social	Sexu	al abuse /control	Physical	Fear /Intimidation	
Is there an ADVO in place?	Ye	s No					
If YES - Provisional Into	erim	Final					
Please provide details about							
how the AVDO came into plac	e						
What are the conditions/orde	rs of	the ADVO:					
When did it commence?				When does it exp	oire?		
Has the AVDO been breached	?	YES NO					
If YES please provide							
details:							
	•						
Start Safely Housing details							