



5.1.3 REFERRAL FORM

(To be completed by agencies or individuals referring clients to GFS.)

Date:			
Name of person referring:			
Organisation:		Phone number:	
CLIENT FOR REFERRAL			
Name:	DOB:		
Address:			
Phone:	Mobile:		
SHS Eligibility <i>(Client must be homeless OR at risk of homelessness to meet SHS guidelines)</i>			
Is the person Homeless	Yes / No	OR At risk of homelessness	Yes / No
Family Details			
Partner's name:	Partner's address:		
Partner's phone number:			
Children's names and DOB:			
Are there any worker safety issues or Family violence?		Yes / No	
<i>If yes, please explain:</i>			
Reason for referral:			



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Cultural Information	
Does the client identify as Aboriginal/Torres Strait Islander? Y/N	Does the client's partner identify as Aboriginal/Torres Strait Islander? Y/N
Do the children identify as Aboriginal/Torres Strait Islander? Y/N If yes, which children?	Is the client/partner/children from a CALD background? Y/N. If yes, what is their cultural background?
Are there any worker safety issues with this family and / or worker?	Y / N
<i>If yes, please explain:</i>	
Is the client aware that a referral has been made to GFS? Y/N	
Please describe services required for this client: <i>eg: (homeless or risk of homelessness, domestic violence, group work, early intervention family work, parenting programs & outreach playgroups)</i>	
What other services are currently working with this client?	
Any other information that may be relevant:	



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Please fax, email or post this form to:

Gunnedah Family Support 206 (PO Box 114) 206 Conadilly Street Gunnedah

email info@gfsi.org.au

FOR GFS USE ONLY

Is the referral to be accepted? Y / N

If yes, then who is the case manager?

If no, then :

- What agencies has he/she been referred to?

- Has the client been notified in writing? Y/N?

If there are concerns of worker safety then please list controls to be put in place.

Other comments: