

Family Led Decision Making Referral

Part A

Referrer details

Date of referral	ICMS	Service Centre
Case Worker/ Convenor		Contact details
Team Leader/ Service Leader		Contact details

Family Information

Details of child/ren

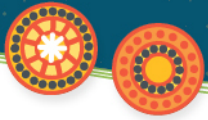
Child's name, including preferred name	DOB & Age	F/M	Cultural identity	Current address

Details of parents and significant others

Name, including preferred name	DOB & Age	F/M	Relationship to child/ren	Cultural identity	Contact details

Part B

What are the reasons for referral/background information (for RJ referrals incl. offences)?



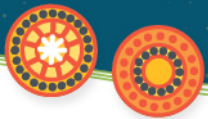
What are the key issues to be addressed for the young person? Please include the family's views of the concerns.

For example: accommodation, substance misuse, education.

What are the strengths for this family?

Include the family's goals and hopes



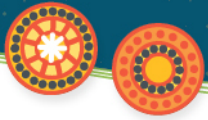


What other formal and informal supports do the family have?

Record the type of service and contact details of services that help support the needs and wellbeing of the family.

Complexity Issues

Are any of the following factors present in the family?			
Mental health issues	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DVO Orders
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Alcohol and/or drug usage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Family Court Orders
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details (include details of orders and offences)			



Consent

By signing this form, I confirm that:

- I agree to my family being referred to a family led decision making services.
- I have been involved in writing this referral and I understand the information that has been included in this referral.
- I agree that information about my child/children and my family may be shared with other people or providers who are authorised by law, if there is a need for them to have this information in order to deliver services to my family.

	Name	Signature	Verbal	Date
Parent/carer			<input type="checkbox"/>	
Parent/carer			<input type="checkbox"/>	
Child/young person (if applicable)			<input type="checkbox"/>	
Case Worker				
Indigenous Service Support Officer (if applicable)				
Team Leader				

Privacy notice:

The Department of Youth Justice, is collecting your personal information on the Family Led Decision Making Process. This referral form is for the purposes of you and your family who agree to participate in a Family Led Decision Making program. The collection of this information is authorised under the Youth Justice Act 1992. The information will be used for case planning, administration, monitoring and evaluation of the Family Led Decision Making process. For example, this information may be used or disclosed in the following situations. This information may also be used for program evaluation or research purposes but, if that occurs, reports of any evaluation or research findings will not contain any identifying information about you. The department manages personal information in accordance with the Information Privacy Act 2009.

Confidentiality:

Information contained in this form is subject to the confidentiality provisions of Part 9 of the Youth Justice Act 1992 and may only be used for an authorised purpose by persons involved in administering the Youth Justice Act 1992. If a person records, discloses or uses this information in contravention of the confidentiality provisions in the Youth Justice Act 1992 they may be prosecuted and fined a maximum penalty of 100 penalty units or sentenced to 2 years' imprisonment

