



Date Referred into Service: _____

Family Name: _____

Given Name: _____

DOB: _____

Cultural: _____

Address: _____

Phone: _____

Email: _____

Referring Agency: _____

Referrer Name: _____

Referrer Phone: _____

Referrer Email: _____

This family is being referred into Yeaca Dhargo Family Wellbeing Service because:

- The family has multiple needs, some of which may be complex.
- The family requires occasional or episodic support to maintain a child's safety and overall wellbeing.
- The family would benefit from access to support services to improve child and family wellbeing and without support the child, young person and family are at risk of entering or re-entering the statutory child protection system.
- The child is not currently in need of protection but the family would benefit from support to prevent entry or re-entry into the statutory child protection system.
- The child is in need of protection, is subject to ongoing intervention and support from the Family Wellbeing service is likely to result in the child no longer requiring departmental intervention.
- Child or family would benefit from services to improve their cultural identification or connection to culture.

Is the family subject to any Child Protection Orders? YES NO

****If Yes please attach**

This family has identified that they require support with the following:

<input type="radio"/>	Parenting Education/ Behaviour Management (parenting programs)	<input type="radio"/>	Family/Household Management skills (routines)
<input type="radio"/>	Child Care/Education and School engagement	<input type="radio"/>	Budgeting/Money Management
<input type="radio"/>	Housing/Homelessness	<input type="radio"/>	Domestic and Family Violence
<input type="radio"/>	Drug and Alcohol Support	<input type="radio"/>	Counselling
<input type="radio"/>	Grief/Loss/Trauma	<input type="radio"/>	Mental Health
<input type="radio"/>	Health Checks		

Other Concerns / Background Information:

Family Details:

Name	DOB	Age	Relationship	Culture

Has the family given consent for this referral? YES NO

Name **Signed** **Date**

Please email completed form to: yeacadhargo@kurbingui.org.au