

# Child and Family Services Referral Form:

Victoria

## Referring Agency Details

Referring Agency:			
Postal Address:			
Phone:		Mobile:	
Referrer Name:		Position:	
Email:			
Supervisor Name:		Position:	
Email:			
Referral Date:			

## Report Required Outside of Standard Timelines?

Date Required:			
Reason:			
Is this matter currently before the court?	Y / N	If yes, date of next hearing:	

## Type of Assessor Required (If applicable)

Specific request for Assessor: e.g. Psychologist, Social Worker, CALD or Aboriginal/Torres Strait Islander Assessor	
---	--

## Type of Assessment Required (tick where applicable)

<input type="checkbox"/>	<b>Relative Kinship Carer Authorisation</b> RKC Initial Training Guardianship Viability Plan	<input type="checkbox"/>	<b>Carer Review</b> Annual    5 year
<input type="checkbox"/>	<b>Relative/Kinship Carer Initial Training ONLY</b>	<input type="checkbox"/>	<b>Placement Review</b>
<input type="checkbox"/>	<b>Parenting Capacity</b>	<input type="checkbox"/>	<b>Restoration</b>
<input type="checkbox"/>	<b>Permanent Care Assessment</b>	<input type="checkbox"/>	<b>Shared Lives Training</b>
<input type="checkbox"/>	<b>Foster Care Assessment</b>	<input type="checkbox"/>	<b>SBS 2020 Framework to be used</b>
<input type="checkbox"/>	<b>Best Interest Placement Assessment</b> (Comparative assessment of 2 or more placements for the one child or sibling group)	<input type="checkbox"/>	<b>Other:</b> _____ (Professional from Assessments Australia will be in contact shortly)

To assist providing you with an accurate range of hours, please provide a comprehensive description of the specific components, including quantity of additional tasks, number of additional members to be interviewed, and number of professionals to be consulted.

# Child and Family Services Referral Form:

Victoria

## Additional Assessment Components Required (if not included in standard assessment)

### Component Required

**Client Briefing prior to commencing Assessment** (additional to the initial standard consultation)

### Case File Review

Child

Carer

### Additional Documentation provided to Assessor (Please list)

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

### Service Provider Consultations (Please list)

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

Observations of the relationship between the child and applicant

Comprehensive Interview of Other Household Members e.g.: Grandparents, boarders

Interview of Adult Children no longer living in the home

Interview of the Child/Young Person whom the assessment concerns not living in the home of the applicants

Aboriginal Consultation

Comprehensive Cultural Considerations

### Additional Documentation to Complete for the Assessment

Housing Safety Inspection Checklist

Individual Profile of Applicant

Executive Summary Page

Confidential Referee Forms

Number of referees to complete:

Other Task not listed above (to be discussed prior to quoting): \_\_\_\_\_

\_\_\_\_\_

# Child and Family Services Referral Form:

## Victoria

### Household Summary

No. of carers in the home	
No. of children 16 years and above in the home	
Total No. of children in the home (including subject child(ren) if living with applicants)	
No. of children that are the subject of the assessment	
Number of other Household Members (besides the applicant(s) and subject child(ren))	

### Applicant(s)

Name	D.O.B.	Gender	Relationship to the C/YP
1.			
2.			
Address	Contact	Cultural Identification	
1.			
2.			

### Household Composition

Please state all adults and children residing on the property - excluding the applicant(s) and subject child(ren)

Name	D.O.B.	Age	Gender	Relationship to the C/YP
1.				
2.				
3.				
4.				
5.				
6.				

# Child and Family Services Referral Form:

Victoria

## Child(ren)/Young Person(s) for whom this Assessment Concerns

Name	D.O.B.	Age	Gender	Cultural Identification	Relationship with Applicant	Legal Status
1.						
2.						
3.						
4.						
5.						
6.						

## Additional Household Information

### Worker Safety and Access to the Property

Please note whether there are any known risks associated with home visits in relation to the household or its residents. Please also outline any necessary information regarding access to the property:

Language Spoken at Home

Interpreter Required

Y / N

## Child Protection / Placement History

**Notes:** Reports and/or other records that identify harm/risk/s for the child(ren)

# Child and Family Services Referral Form:

Victoria

## Additional Information Relevant to the Specific Assessment Requested

**Notes:** Including, but not limited to, overall assessment purpose or background of carers/parents

## Documents Attached

Please identify the title and date of each document attached to this referral form

Title	Author	Date