

Assessments Australia Referral Form: South Australia

Referring Office Details			
Referring Office:			
Postal Address:			
Phone:		Mobile:	
Referrer Name/Case Worker:			
Referrer/Case Worker Email:			
Kinship Care Worker Name (if allocated):			
Supervisor Name:			
Kinship Care Worker:	Email:	Mobile:	
Supervisor Name:			
Supervisor 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"/>	Relative Kinship Carer Authorisation <input type="checkbox"/> RKC Initial Training	<input type="checkbox"/>	Carer Review <input type="checkbox"/> Annual <input type="checkbox"/> 5 year
<input type="checkbox"/>	Relative/Kinship Carer Initial Training ONLY	<input type="checkbox"/>	Placement Review
<input type="checkbox"/>	Parenting Capacity	<input type="checkbox"/>	Restoration
<input type="checkbox"/>	Specific Child Only Assessment	<input type="checkbox"/>	Shared Lives Training
<input type="checkbox"/>	Foster Care Assessment	<input type="checkbox"/>	SBS SA 2017 Framework to be used
<input type="checkbox"/>	Best Interest Placement Assessment (Comparative assessment of 2 or more placements for the one child or sibling group)	<input type="checkbox"/>	Other: 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.

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Additional Assessment Components Required (if not included in standard assessment)	
Component Required	
<input type="checkbox"/>	Client Briefing prior to commencing Assessment
Case File Review	
<input type="checkbox"/>	Child
<input type="checkbox"/>	Carer
<input type="checkbox"/>	Additional Documentation provided to Assessor (Please list) 1: _____ 2: _____ 3: _____
<input type="checkbox"/>	Service Provider Consultations (Please list) 1: _____ 2: _____ 3: _____
<input type="checkbox"/>	Observations of the relationship between the child and applicant
<input type="checkbox"/>	Comprehensive Interview of Other Household Members e.g.: Grandparents, boarders
<input type="checkbox"/>	Interview of Adult Children no longer living in the home
<input type="checkbox"/>	Interview of the Child/Young Person whom the assessment concerns not living in the home of the applicants
<input type="checkbox"/>	Aboriginal Consultation
<input type="checkbox"/>	Comprehensive Cultural Considerations
Additional Documentation to Complete for the Assessment	
<input type="checkbox"/>	Housing Safety Inspection Checklist
<input type="checkbox"/>	Individual Profile of Applicant
<input type="checkbox"/>	Executive Summary Page
<input type="checkbox"/>	Confidential Referee Form
<input type="checkbox"/>	Other Task not listed above (to be discussed prior to quoting): _____ _____

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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 (M/F)	Relationship to the C/YP
1.				
2.				
3.				
4.				
5.				

Child(ren)/Young Person(s) for whom this Assessment Concerns					
Name	D.O.B.	Age	Gender (M/F)	Cultural Identification	Relationship to the C/YP
1.					
2.					
3.					

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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)

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Additional Information Relevant to the Specific Assessment Requested

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

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Documents Attached

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

Title	Author	Date