F-096 Community First Step External Referral Form

For use by government and non-government agencies, community service organisations and other services to refer to Community First Step.

The information that you provide on this form include your personal information. Your personal information is protected by law, including the Privacy Act 1988. Your personal information collected on this form is used primarily for Community First Step purposes.

As part of the services provided to you by Community First Step, we need to collect some information about you to assist the Australian Government Department of Social Services to conduct performance reporting and research relating to the services that you receive from this organisation. To assist this process, Community First Step will enter your personal information onto the DSS Data Exchange web-based portal which is administered by the Department of Social Services. The Department of Social Services will not use your personal information in an identifiable form when conducting its research and evaluation, except where you have agreed, or it is required by law.

You can find more information about the way the Department of Social Services will manage your personal information, including information about accessing and correcting personal information held on the DSS Data Exchange and making privacy complaints at the DSS website. For information about how Community First Step manages your personal information, please contact us on the below contact information.

Privacy Statement: Community First Step collects your personal information in order to assess the applicant's suitability to receive a service from Community First Step or an alternative service Provider. Your information may be provided to other NSW agencies, Australian Government agencies, Non-Government organisations and other community service organisations for the purpose of assessment and providing services. Personal information will be managed in accordance with the Australian Privacy Principles which regulate the handling of personal information by Australian government agencies and some private sector organisations, the Privacy Act (Cth) 1988 and the Privacy and Personal Information Protect Act (NSW) 1998.

Referring Agency

Name: _____

Organisation: _____

Position: _____

Email Address: _____

Contact Number: _____

Client Details

Full Name: _____

_____

Gender: ☐ Male ☐ Female Other: _____

Current Address: _____

_____

Contact Number: _____

Date of Birth: _____/_____/_____

Details: _____

☐ Aboriginal ☐ Torres Strait Islander ☐ Neither

Country of Birth/Nationality:

_____

Language spoken at home: _____

Preferred Language: _____

Education/Employment Status: _____

_____

Medical/Physical Conditions: ☐ Yes ☐ No

Details: _____

Name of people living in your household

1. Name: _____
Gender: _____
Relationship to client: _____
Date of birth /Age: (if known) _____

2. Name: _____
Gender: _____
Relationship to client: _____
Date of birth /Age: (if known) _____

3. Name: _____
Gender: _____
Relationship to client: _____
Date of birth /Age: (if known) _____

4. Name: _____
Gender: _____
Relationship to client: _____
Date of birth /Age: (if known) _____

5. Name: _____
Gender: _____
Relationship to client: _____
Date of birth /Age: (if known) _____

6. Name: _____
Gender: _____
Relationship to client: _____
Date of birth /Age: (if known) _____

Emergency Contact Person Details

Full Name: _____
Contact Number: _____
Relationship to Client: _____

Full Name: _____
Contact Number: _____
Relationship to Client: _____

Type of Assistance Required

Youth & Family Services

Case Management (please tick service/s required below):

- ☐ Youth Justice Conference
- ☐ Work & Development Orders
- ☐ School Suspension
- ☐ Employment
- ☐ Family Conflict
- ☐ School Issues
- ☐ Child Protection
- ☐ Substance Abuse
- ☐ Food Parcels/Vouchers
- ☐ Offending Behaviour / Court Support
- ☐ Mental Health & Wellbeing

Workshops / Groups

- ☐ Employment
- ☐ Suicide Prevention
- ☐ LGBTQIA
- ☐ RAGE – Anger Management
- ☐ Girls Group

Youth Centre Activities

- ☐ Sports (Basketball, Soccer, Volleyball, Touch Football)
- ☐ Recreation (Table Tennis, Foosball, Games, Art)
- ☐ Education (Homework Help, Employment Support)
- ☐ Outreach (Legal Aid Support)

Child & Family Services

Case Management (please tick service/s required below):

- ☐ Parenting Difficulties / Family Conflict
- ☐ Child Behavioural Issues
- ☐ Child Protection / Domestic Violence
- ☐ Work & Development Orders
- ☐ Family Breakdown
- ☐ Accessing Services
- ☐ Counselling
- ☐ Employment
- ☐ Food Parcels / Vouchers
- ☐ Mental Health & Wellbeing
- ☐ Substance Misuse

Workshops / Groups

- ☐ Parenting Programs
- ☐ Supported Playgroups

HUB Activities

- ☐ Gentle Exercise – Seniors
- ☐ Men's Group
- ☐ Conversational English
- ☐ Knitting
- ☐ Form Filling

Other Services

(Relevant service manager/coordinator will contact you for further details)

☐ Disability Services

☐ Children's Services

Other:

_____

_____

Reason for Referral

Referral Consent Information

Referring Agency

Name: _____

Position: _____

Signed: _____

Date: _____

Client

Name: _____

Signed: _____

Date: _____

Once completed please send this form to referrals@cfs.asn.au

If you would like to have a confidential discussion regarding your referral please contact CFS Head Office on 02 9727 4333

_____

OFFICE USE ONLY

Date Referral Received: _____/_____/_____

Received by (CFS Staff Member):_____

Outcome of Referral: _____