Fair Foundations

F-096 Fair Foundations – Referral Form
Case Management

For use by government and non-government agencies, community service organisations and other services to refer to Fair Foundations for case management.

The information that you provide on this form includes personal information. The personal information is protected by law, including the Privacy Act 1988. The information collected on this form is used primarily for Fair Foundations purposes.

As part of the services provided by Fair Foundations, we need to collect information to assist the Australian Government Department of Social Services to conduct performance reporting and research relating to the services we provide from this organisation. To assist this process, Fair Foundations will enter all 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 personal information in an identifiable form when conducting its research and evaluation, except the client has agreed, or it is required by law.

You can find more information about the way the Department of Social Services will manage 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 Fair Foundations manages personal information, please contact us on the below contact information.

Privacy Statement: Fair Foundations collects personal information to assess the applicant's suitability to receive a service from Fair Foundations or an alternative service Provider. The 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.

A. Referrer Details

Name:_____

Organisation: _____

Position:_____

Email Address: _____

Contact Number:_____

B. Consent to provide referral information

Have the parents, authorised carers, young person (aged 14 and over) agreed to the referral?

☐ Yes ☐ No (referral cannot proceed)

Have all affected family members (aged 14 and over) given consent for personal information to be collected and shared with service provider?

☐ Yes ☐ No (obtain consent before proceeding)

C. Client Details

Full Name:

☐ Aboriginal ☐ Torres Strait Islande ☐ Neither

D.O.B: / /

Country of Birth/Nationality:

Language spoken at home:

Gender: ☐ Male ☐ Female ☐ Other:

Preferred Language:

Current Address:

Education/Employment Status:

Contact Number:

Medical/Physical Conditions: ☐ Yes ☐ No

Email:

Details:

Household Make-Up

Please note to be eligible for case management, families must have children under the age of 24

1. Name:
   Gender:
   Relationship to client:
   D.O.B/Age:
2. Name:
   Gender:
   Relationship to client:
   D.O.B/Age:
3. Name:
   Gender:
   Relationship to client:
   D.O.B/Age:
4. Name:
   Gender:
   Relationship to client:
   D.O.B/Age:
5. Name:
   Gender:
   Relationship to client:
   D.O.B/Age:
6. Name:
   Gender:
   Relationship to client:
   D.O.B/Age:

Emergency Contact Person(s)

Full Name: _____

Contact Number: _____

Relationship to Client: _____

Full Name: _____

Contact Number: _____

Relationship to Client: _____

D. Type of Assistance Required

Youth Individualised Support (Aged 12-14) (please select service/s required below):	**Child and Family Case Management** (please select service/s required below):
☐ Youth Justice Conference ☐ Work & Development Orders ☐ Employment Support ☐ Risk of Disengagement at School ☐ Child Protection ☐ Drugs and Alcohol ☐ Mental Health & Wellbeing ☐ Anger Management ☐ Healthy Relationships ☐ Advocacy (e.g. Housing, legal)	☐ Parenting Advice and Support ☐ Family Conflict ☐ Mental Health and Wellbeing ☐ Domestic and Family Violence ☐ Financial Hardship ☐ Accessing Services ☐ Counselling ☐ Employment Support ☐ Drugs and Alcohol ☐ Advocacy (e.g. Housing, legal)

Other Services
(Relevant service manager/coordinator will contact you for further details) ☐ Disability Services ☐ Children's Services

Other: _____

E. Referral Reason

Once completed please send this form to referrals@fairfoundations.org.au

If you would like to have a confidential discussion regarding your referral please contact Community and Clinical Practice Lead on 02 9727 4333 or referrals@fairfoundations.org.au

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OFFICE USE ONLY

Date Referral Received: ____/____/____

Received by (CFS Staff Member):

Outcome:

Notes/Details: