

Referral Form: Family

PLEASE USE THIS FORM TO REFER A FAMILY TO FOUNDATION HOUSE

Please send a completed copy of this form to Foundation House via:

email: referrals@foundationhouse.org.au OR fax: 03 9277 7871

For more information on making a referral please visit [this link](#) or contact us on telephone 03 9389 8900.

Please consider the best choice of referral form. You can either complete:

- Referral form: Family (this form)

OR

- Individual referral forms (Adult and Child) per family member; this option may be particularly useful if you have specific or detailed information about individual family members that you wish to provide separately

We appreciate you completing as much information as you can. Sections in green *must* be completed.

You will be contacted via email or phone within five (5) working days after we receive your referral.

Please note: this form allows you to submit a referral for up to five (5) family members. If you wish to refer more family members than this, please complete additional forms as required.

Date of referral (dd/mm/yyyy)

WHO WE WORK WITH

Please confirm the family you are referring meets all of the following criteria

- Refugee or refugee-like background, including people seeking asylum
- Pre-arrival history of refugee-related torture or other traumatic events or is an immediate family member
- Psychological and/or psychosocial difficulties associated with their refugee-related torture/trauma history

REFERRER DETAILS

Referring agency/organisation name

Referrer name

Title/role/position

Service type

Telephone

Mobile

Email

Suburb

State/Territory

Postcode

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FAMILY ADDRESS

Please note: if any of the family members you are referring live at a different address to the one provided here, please include this information in the 'Comments and Attachments' section at the end of this form

Street address

Suburb

State/Territory

Postcode

MIGRATION HISTORY

Please note: if all family members do not share the same date of arrival and/or migration status, please include this information in the 'Comments and Attachments' section at the end of this form

When did this family arrive in Australia? (dd/mm/yyyy)

Estimated date of arrival in Australia if actual is unknown

Please select which of the following best describes this family's migration status

- | | |
|---|---|
| <input type="checkbox"/> Australian citizen | <input type="checkbox"/> Temporary visa holder (eg TPV, SHEV) |
| <input type="checkbox"/> Permanent resident | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Asylum seeker (includes Bridging visa holders) | |

If this family is currently in immigration detention, which type of detention are they in?

- Community detention Held detention

Migration history notes

Migration stressors (eg legal proceedings, upcoming interviews, visa expiry/cancellation)

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REASON FOR REFERRAL

Please outline the reason/s you are referring this family to Foundation House (presenting concerns and symptoms)

RISK SCREENING

Please select any risks which apply to at least one family member

Risk to self (suicide, self-harm)	Family violence
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Risk to others (including children)	Substance use
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Are there relevant current or historical involvements with Family Violence, Child Protection or Family Services?

Yes No Unknown

Are there any intervention or other relevant court orders in place?

Yes No Unknown

Please share and specify any details, supports and safety plans in place for any risk areas identified

IMPORTANT: please specify which family member/s this information relates to

Please detail any other known risks not mentioned above

IMPORTANT: please specify which family member/s this information relates to

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FAMILY MEMBER #1

CONSENT (IF THE PERSON BEING REFERRED IS AGED 18 YEARS OR OLDER)

Does the person you are referring consent to this referral to Foundation House?

Yes No *Please note: consent is required for this referral to proceed*

CONSENT (IF THE PERSON BEING REFERRED IS AGED UNDER 18 YEARS)

Does the young person's parent/guardian consent to this referral to Foundation House?

Yes No *If No, go to next question*

If parent/guardian consent is not provided, does the young person have capacity to give independent consent?

Yes No *If Yes, go to next question; if No, contact Foundation House for a pre-referral consult*

Does the young person, as a mature minor, consent to this referral to Foundation House?

Yes No *If No, see below*

Please note: relevant consent, as per above, is required for this referral to proceed

PERSON BEING REFERRED

First/preferred name/s	Family name
Date of birth (dd/mm/yyyy)	Estimated date of birth if actual is unknown
Has this person previously engaged with Foundation House services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Gender identity for person being referred? <input type="checkbox"/> Man/boy <input type="checkbox"/> Woman/girl <input type="checkbox"/> Prefers to self describe as _____
Country of birth	Ethnicity

If this person is aged 18 years or older, please provide contact details below. If they are aged under 18 years, please complete the 'Parent(s)/Guardian(s)' section on the following page and the 'Best Contact Details' section at the end of this form.

Telephone/mobile	<input type="checkbox"/> Check this box if it is safe to leave a message <input type="checkbox"/> Check this box if it is safe to send a text message/SMS
Email	<input type="checkbox"/> Check this box if it is safe to send emails
Preferred language/s	<input type="checkbox"/> Check this box if an interpreter is required

If an interpreter is required, please detail any special requirements to consider

PARENT(S)/GUARDIAN(S) (FOR PERSONS AGED UNDER 18 YEARS)

Please provide the name/s and relationship/s of any parent(s)/guardian(s) for the person being referred

SCHOOL

If this person attends school, please provide details

School name	Suburb
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IMPORTANT:

after providing all individual family members' details, please refer to the final two pages of this form to complete the referral

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FAMILY MEMBER #2

CONSENT (IF THE PERSON BEING REFERRED IS AGED 18 YEARS OR OLDER)

Does the person you are referring consent to this referral to Foundation House?

Yes No *Please note: consent is required for this referral to proceed*

CONSENT (IF THE PERSON BEING REFERRED IS AGED UNDER 18 YEARS)

Does the young person's parent/guardian consent to this referral to Foundation House?

Yes No *If No, go to next question*

If parent/guardian consent is not provided, does the young person have capacity to give independent consent?

Yes No *If Yes, go to next question; if No, contact Foundation House for a pre-referral consult*

Does the young person, as a mature minor, consent to this referral to Foundation House?

Yes No *If No, see below*

Please note: relevant consent, as per above, is required for this referral to proceed

PERSON BEING REFERRED

First/preferred name/s

Family name

Date of birth (dd/mm/yyyy)

Estimated date of birth if actual is unknown

Has this person previously engaged with Foundation House services?

Yes No Unknown

Gender identity for person being referred?

Man/boy Woman/girl
 Prefers to self describe as _____

Country of birth

Ethnicity

If this person is aged 18 years or older, please provide contact details below. If they are aged under 18 years, please complete the 'Parent(s)/Guardian(s)' section on the following page and the 'Best Contact Details' section at the end of this form.

Telephone/mobile

Check this box if it is safe to leave a message
 Check this box if it is safe to send a text message/SMS

Email

Check this box if it is safe to send emails

Preferred language/s

Check this box if an interpreter is required

If an interpreter is required, please detail any special requirements to consider

PARENT(S)/GUARDIAN(S) (FOR PERSONS AGED UNDER 18 YEARS)

Please provide the name/s and relationship/s of any parent(s)/guardian(s) for the person being referred

SCHOOL

If this person attends school, please provide details

School name

Suburb

IMPORTANT:

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FAMILY MEMBER #3

CONSENT (IF THE PERSON BEING REFERRED IS AGED 18 YEARS OR OLDER)

Does the person you are referring consent to this referral to Foundation House?

Yes No *Please note: consent is required for this referral to proceed*

CONSENT (IF THE PERSON BEING REFERRED IS AGED UNDER 18 YEARS)

Does the young person's parent/guardian consent to this referral to Foundation House?

Yes No *If No, go to next question*

If parent/guardian consent is not provided, does the young person have capacity to give independent consent?

Yes No *If Yes, go to next question; if No, contact Foundation House for a pre-referral consult*

Does the young person, as a mature minor, consent to this referral to Foundation House?

Yes No *If No, see below*

Please note: relevant consent, as per above, is required for this referral to proceed

PERSON BEING REFERRED

First/preferred name/s	Family name
Date of birth (dd/mm/yyyy)	Estimated date of birth if actual is unknown
Has this person previously engaged with Foundation House services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Gender identity for person being referred? <input type="checkbox"/> Man/boy <input type="checkbox"/> Woman/girl <input type="checkbox"/> Prefers to self describe as _____
Country of birth	Ethnicity

If this person is aged 18 years or older, please provide contact details below. If they are aged under 18 years, please complete the 'Parent(s)/Guardian(s)' section on the following page and the 'Best Contact Details' section at the end of this form.

Telephone/mobile	<input type="checkbox"/> Check this box if it is safe to leave a message <input type="checkbox"/> Check this box if it is safe to send a text message/SMS
Email	<input type="checkbox"/> Check this box if it is safe to send emails
Preferred language/s	<input type="checkbox"/> Check this box if an interpreter is required

If an interpreter is required, please detail any special requirements to consider

PARENT(S)/GUARDIAN(S) (FOR PERSONS AGED UNDER 18 YEARS)

Please provide the name/s and relationship/s of any parent(s)/guardian(s) for the person being referred

SCHOOL

If this person attends school, please provide details

School name	Suburb
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IMPORTANT:

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FAMILY MEMBER #4

CONSENT (IF THE PERSON BEING REFERRED IS AGED 18 YEARS OR OLDER)

Does the person you are referring consent to this referral to Foundation House?

- Yes No *Please note: consent is required for this referral to proceed*

CONSENT (IF THE PERSON BEING REFERRED IS AGED UNDER 18 YEARS)

Does the young person's parent/guardian consent to this referral to Foundation House?

- Yes No *If No, go to next question*

If parent/guardian consent is not provided, does the young person have capacity to give independent consent?

- Yes No *If Yes, go to next question; if No, contact Foundation House for a pre-referral consult*

Does the young person, as a mature minor, consent to this referral to Foundation House?

- Yes No *If No, see below*

Please note: relevant consent, as per above, is required for this referral to proceed

PERSON BEING REFERRED

First/preferred name/s	Family name
Date of birth (dd/mm/yyyy)	Estimated date of birth if actual is unknown
Has this person previously engaged with Foundation House services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Gender identity for person being referred? <input type="checkbox"/> Man/boy <input type="checkbox"/> Woman/girl <input type="checkbox"/> Prefers to self describe as _____
Country of birth	Ethnicity

If this person is aged 18 years or older, please provide contact details below. If they are aged under 18 years, please complete the 'Parent(s)/Guardian(s)' section on the following page and the 'Best Contact Details' section at the end of this form.

Telephone/mobile	<input type="checkbox"/> Check this box if it is safe to leave a message <input type="checkbox"/> Check this box if it is safe to send a text message/SMS
Email	<input type="checkbox"/> Check this box if it is safe to send emails
Preferred language/s	<input type="checkbox"/> Check this box if an interpreter is required

If an interpreter is required, please detail any special requirements to consider

PARENT(S)/GUARDIAN(S) (FOR PERSONS AGED UNDER 18 YEARS)

Please provide the name/s and relationship/s of any parent(s)/guardian(s) for the person being referred

SCHOOL

If this person attends school, please provide details

School name	Suburb
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IMPORTANT:

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FAMILY MEMBER #5

CONSENT (IF THE PERSON BEING REFERRED IS AGED 18 YEARS OR OLDER)

Does the person you are referring consent to this referral to Foundation House?

Yes No *Please note: consent is required for this referral to proceed*

CONSENT (IF THE PERSON BEING REFERRED IS AGED UNDER 18 YEARS)

Does the young person's parent/guardian consent to this referral to Foundation House?

Yes No *If No, go to next question*

If parent/guardian consent is not provided, does the young person have capacity to give independent consent?

Yes No *If Yes, go to next question; if No, contact Foundation House for a pre-referral consult*

Does the young person, as a mature minor, consent to this referral to Foundation House?

Yes No *If No, see below*

Please note: relevant consent, as per above, is required for this referral to proceed

PERSON BEING REFERRED

First/preferred name/s	Family name
Date of birth (dd/mm/yyyy)	Estimated date of birth if actual is unknown
Has this person previously engaged with Foundation House services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Gender identity for person being referred? <input type="checkbox"/> Man/boy <input type="checkbox"/> Woman/girl <input type="checkbox"/> Prefers to self describe as _____
Country of birth	Ethnicity

If this person is aged 18 years or older, please provide contact details below. If they are aged under 18 years, please complete the 'Parent(s)/Guardian(s)' section on the following page and the 'Best Contact Details' section at the end of this form.

Telephone/mobile	<input type="checkbox"/> Check this box if it is safe to leave a message <input type="checkbox"/> Check this box if it is safe to send a text message/SMS
Email	<input type="checkbox"/> Check this box if it is safe to send emails
Preferred language/s	<input type="checkbox"/> Check this box if an interpreter is required

If an interpreter is required, please detail any special requirements to consider

PARENT(S)/GUARDIAN(S) (FOR PERSONS AGED UNDER 18 YEARS)

Please provide the name/s and relationship/s of any parent(s)/guardian(s) for the person being referred

SCHOOL

If this person attends school, please provide details

School name	Suburb
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BEST CONTACT DETAILS (FOR FAMILY MEMBERS AGED UNDER 18 YEARS)

First/preferred name/s	Family name
Relationship to family members aged under 18	
Telephone/mobile	<input type="checkbox"/> Check this box if it is safe to leave a message <input type="checkbox"/> Check this box if it is safe to send a text message/SMS
Email	<input type="checkbox"/> Check this box if it is safe to send emails
Country of birth	Ethnicity
Preferred language/s	<input type="checkbox"/> Check this box if an interpreter is required

If an interpreter is required, please detail any special requirements to consider

OTHER SERVICES AND SUPPORTS

Please provide details of all relevant services and supports (eg Medical/Health, Settlement)

Service name	Description	Contact details	Consent to contact	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMMENTS AND ATTACHMENTS

Please provide any further relevant information for this referral

IMPORTANT: please specify which family member/s this information relates to