|  |  |
| --- | --- |
| Children’s Health Queensland Hospital and Health Service**Referral - VOLUNTEER SUPPORT****Zero to Four Family Support Service****Phone: 07 3266 0300 Facsimile: 07 3266 0344** | (Affix patient identification label here)URN: Sex: M FFamily name:Given names:Address:Date of birth: Telephone: |
| **Is the parent/guardian aware of the information to be provided below and in agreement with the referral being made?** Yes No**If no, then please obtain consent for referral prior to continuing.****NB: Family Support Volunteers are available only in Brisbane’s north and western suburbs** (refer to catchment list) |
| **REFERRER DETAILS** |
| Name: Position: Date of referral: Organisation name:Postal address: Postcode:Telephone: Fax: Email: |
| **UNBORN / INFANT / YOUNG CHILD (0 - 4yrs) with presenting concern requiring Volunteer Family Support** |
| Family name: Given names:DOB / EDC: Sex: M F Indigenous status:Address: Postcode Country of birth:Resides with parents? Yes No If yes: Full-time Shared care Part-timeDetails: | Foster or kinship care |
| **PARENT / CAREGIVER** |
| Family name: | Family name: |  |
| Given names: | Given names: |  |
| Relationship to infant/child: | Relationship to infant/child: |  |
| DOB: | DOB: |  |
| Address: Postcode: | Address: Postcode: |  |
| Ph (H): (Mob): | Ph (H): (Mob): |  |
| (W): Indigenous status: | (W): Indigenous status: |  |
| Country of birth: | Country of birth: |  |
| Year of arrival: | Year of arrival: |  |
| **Interpreter required:** Yes No | **Interpreter required:** Yes | No |
| **Language:** | **Language:** |  |
| **OTHER SIBLINGS IN HOUSEHOLD** |
| **Names and DOB of other children in family not listed above?****1. 2.****3. 4.****Have other siblings of this child been referred as well?** Yes  No**If so, please provide names and DOB of referred siblings:** |
| **What are the presenting concerns regarding the family requiring referral for Volunteer Family Support?**(please include relevant health and developmental issues) |
| **History of the presenting concerns noted above:** |

|  |
| --- |
| **What are the goals/outcomes desired for the family from the referral?** |
| **What interventions / referrals have been offered to the family to date to address these concerns? What were the outcomes?** |
| **Other relevant issues regarding the caregivers** | **Comments** |
| Substance abuse | Yes | No | Unknown | Illicit substance, past/present, frequency of use, date of last use, method of use |
| Trauma | Yes | No | Unknown | Current/past, include domestic violence and childhood trauma and abuse |
| Mental health | Yes | No | Unknown | Diagnosis, medication, MHA |
| Social isolation | Yes | No | Unknown |  |
| Physical health and/or disability | Yes | No | Unknown |  |
| Learning/intellectual disability | Yes | No | Unknown |  |
| Other family stressors | Yes | No | Unknown | e.g. financial, bereavement, housing, relationship difficulties, recent immigration |
| **Known or suspected history of violence and/or aggression towards people and/or property?**Yes No UnknownIf yes, please give details: |
| **Is Department of Child Safety involved?** Yes No Unknown |
| Child Safety Service Centre: Contact person: Phone: |
| **Are there any current child protection concerns?** Yes No**If yes, please provide details:** (note identified child protection concerns should be reported by the referrer through normal processes regardless of this referral)Is the family currently on an Intervention with Parental Agreement? Yes No Unknown |
| **OTHER SERVICES CURRENTLY INVOLVED WITH THE FAMILY** |
| **What other agencies are involved?**Child Health Social Worker Psychiatrist Developmental Service/Allied Health 0-4 CYMHS Psychologist General Practitioner NGO: specifyPaediatrician Adult Mental Health Other: |
| **Agency name** | **Agency name** |
| Address: | Address: |
| Contact person: | Contact person: |
| Phone: | Phone: |
| Support provided: | Support provided: |
| **Agency name** | **Agency name** |
| Address: | Address: |
| Contact person: | Contact person: |
| Phone: | Phone: |
| Support provided: | Support provided: |
| **Have referrals been made to any other services?** Yes No If yes, please provide details of these agencies and goals of referral. |
| **GENOGRAM Can be sent separately** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Legend** Male (placed left)* Female (placed right)

 Offspring’s |  Death// Divorce/ Separation |  | Unknown |
| **ANY OTHER RELEVANT INFORMATION?** |
|  |
| ***For referrals for allocation of a Family Support Volunteer:-***The Zero to Four Family Support Service considers the allocation of a Family Support Volunteer as one PART of an overall support plan for the family. Will your agency hold responsibility for co-ordinating the overall support plan for this family?Yes No |
| If you have ticked yes, as Case Manager/Care Coordinator what is your plan for how a volunteer could benefit the family and support the work you are doing with the family? |
| What length of time do you anticipate being involved with the family? |
| If you have ticked no, you are required to provide details of the responsible agency that is currently working with the family: |
| Agency: |
| Worker: |
| Address: |
| Telephone: | Fax: |
| The Case Manager will inform Zero to Four Family Support Service if this family is exiting their service, and will work collaboratively with 0-4 FSS to locate an alternative Case Manager. Yes No |
| The Case Manager will attend the initial meeting at the family home with the Zero to Four Family Support Service Coordinator. Yes No |

|  |
| --- |
| **PLEASE ENSURE ALL DETAILS ARE COMPLETED ON ALL 3 PAGES FOR PROMPT ASSESSMENT OF****THE REFERRAL.** If any question is unclear, please call **(07) 3266 0300** to discuss. Signature: Date:**ALERT: While medical officers and registered nurses are mandated to report abuse and neglect to statutory authorities, all referring parties have a duty of care to ensure the safety and protection of children and young people from physical, psychological, or emotional harm. Where child protection concerns have been identified, contact the relevant Child Safety Services office in your local area, or Crisis Care after hours on 3235 9999 or 1800 177 135*.*****Please return this form to:**CHQ-CYMHS-FamilySupport@health.qld.gov.au**or****Fax to: 3266 0344****or****Postal Address: 31-33 Robinson Road****NUNDAH Q 4012** |

Zero to Four Family Support Service Catchment Postcode List

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Albany Creek 4035Albion 4010Alderley 4051Anstead 4070Arana Hills 4054Armstrong Creek 4520Ascot 4007Ashgrove 4060Aspley 4034Auchenflower 4066Bald Hills 4036Banyo 4014Bardon 4065Bellbowrie 4070Boondall 4034Bowen Hills 4006Bracken Ridge 4017Bray Park 4500Brendale 4500 BridgemanDowns 4035Brighton 4017Brisbane 4000Brookfield 4069Bunya 4055Bunyaville 4053Camp Mountain 4520Carseldine 4034Cashmere 4500Cedar Creek 4520Chapel Hill 4069Chermside 4032 ChermsideSouth 4032 | Chermside West 4032Clayfield 4011Clear Mountain 4500Closeburn 4520Dakabin 4503Dayboro 4521Deagon 4017Dorrington 4060Draper 4520Eagle Farm 4009Eagle Junction 4011Eatons Hill 4037Enoggera 4051Everton Hills 4053Everton Park 4053Ferny Grove 4055Ferny Hills 4055 Fig Tree Pocket 4069 Fitzgibbon 4018Fortitude Valley 4006Gaythorne 4051Geebung 4034Gordon Park 4031Grange 4051Griffin 4503Grovely 4054Hamilton 4007 | Hendra 4011Herston 4006Highvale 4520Indooroopilly 4068Ironside 4067Ithaca 4059Jolly’s Lookout 4520Joyner 4500Kallangur 4503Karana Downs 4306Kedron 4031Kelvin Grove 4059Kenmore 4069Kenmore Hills 4069Keperra 4054King Scrub 4521Kobble Creek 4520Kurwongbah 4503Lacey’s Creek 4520Lawnton 4501Lutwyche 4030Mango Hill 4509McDowall 4053Milton 4064Mitchelton 4053Moggill 4070Mt Coot-tha 4066Mt Crosby 4306 | Mt Glorious 4520Mt Nebo 4520Mt Pleasant 4521Mt Samson 4520 Murrumba Downs4503New Farm 4005Newmarket 4051Newstead 4006North Lakes 4509Northgate 4013Nudgee 4014Nudgee Beach 4014Nundah 4012Ocean View 4521Oxford Park 4053Paddington 4064Petrie 4502Petrie Terrace 4000Pinjarra Hills 4069Pinkenba 4008Pullenvale 4069Rainworth 4065Red Hill 4059Rosalie 4064Rush Creek 4521Samford 4520Samsonvale 4520Sandgate 4017 | Shorncliffe 4017Spring Hill 4000 St Johns Wood 4060 St Lucia 4067Stafford 4053Stafford Heights 4053Strathpine 4500Taigum 4018Taringa 4068Teneriffe 4005The Gap 4061Toombul 4012Toowong 4066Torwood 4066Upper Brookfield 4069Upper Kedron 4055Virginia 4014Warner 4500Wavell Heights 4012Whiteside 4503Wight’s Mtn 4520Wilston 4051Windsor 4030Wooloowin 4030Yugar 4520Zillmere 4034 |