

Please fill out this form and either email to kifreferrals@odyssey.org.au or fax to 9425 9537.

Important information: Please be aware that we do not hold a waitlist due to the often high-risk nature of the clients we work with. Once we receive your referral, we will advise if we have capacity to accept the referral at this time. Please ensure the clients are aware that this referral does not guarantee they will be accepted into the program, and refer them to other support services if needed.

Date of referral:

Referrer/Agency details

Agency

Referrer's name

Email

Contact number

Client information

Are the family aware of the referral

No Yes

Family contact number

Second contact number

Family address

Adult details

Full name	Gender	Pronoun	DOB	Aboriginal or Torres Strait Islander		Living at family address	
				No	Yes	No	Yes
				No	Yes	No	Yes
				No	Yes	No	Yes

Child details

Full name	Gender	Pronoun	DOB	Aboriginal or Torres Strait Islander		Living at family address	
				No	Yes	No	Yes
				No	Yes	No	Yes
				No	Yes	No	Yes
				No	Yes	No	Yes
				No	Yes	No	Yes
				No	Yes	No	Yes

Referral information

Reasons for referral to Kids in Focus

Outline the reasons the family are being referred to this program.

Alcohol and drug use

Describe current use, history of use, and any concerns.

Mental health

Describe any history or current mental health concerns, including diagnosis if applicable.

Court orders/Legal

e.g. child Protection orders, Intervention orders, Corrections orders and the conditions of these orders. Please include any upcoming court dates.

Referral information

Is family currently experiencing domestic or family violence

No Yes

Types of violence being perpetrated

Please describe in dot points, eg. physical, emotional psychological, financial, spiritual, cultural etc.

Perpetrators patterns of behaviour

Please describe in dot points eg. name calling, yelling, pushing, hitting, stalking, undermining parenting, interfering with treatment, controlling finances etc.

Non offending parent protective factors

e.g. minimising exposure to child, engagement with services, staying in relationship.

Referral information

Parenting challenges

Describe any difficulties the family are struggling with in relation to parenting.

Children's needs

Outline current circumstances for the children, including any strengths, concerns regarding health or development, and any history or current trauma or abuse.

Family strengths

Describe what is working well for the family, their strengths, and positive supports.

Additional information

Please identify if any of the below are applicable, and if so provide description/detail in the space provided.

Family violence pattern history? i.e. previous partners

No Yes

Child protection

No Yes

Housing issues

No Yes

Financial issues

No Yes

Disability

No Yes

Worker safety concerns

No Yes

Interpreter required

No Yes

Pets in the home

No Yes

Anyone else living in the home not listed on this form

No Yes

Parental history with child protection as children?

No Yes

Parental history of family violence as children?

No Yes

Formal and/or Informal Support Network

Please detail any other agencies involved with the family, and any informal supports the family have.

Name	Agency/relationship	Contact details
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