47 Bega Street, Bega NSW 2550
PO Box 376, Bega NSW 2550
Yuin Country

Sapphire Neighbourhood Services

Phone: (02) 6492 3411
Email: admin@snsi.org.au
Web: www.snsi.org.au

# Referral Form

Please return to: admin@snsi.org.au
Monday - Friday: 9am - 4:30pm | 47 Bega St Bega | PO BOX 376 Bega NSW 2550 | (02) 6492 3411

| | | | |
|---|---|---|---|
| **Date of referral:** | | **Referrer's Details** | |
| **Person making this referral** | ☐ Self<br>☐ Agency (provide details in next column)<br>☐ Other person (eg a neighbour or family member - provide details in next column) | **Name of Referrer:** | |
| | | **Phone Number:** | |
| | | **Email:** | |
| | | **Organisation:** | |
| | | **Did the Primary Client Give Consent To This Referral?** | ☐ Yes – verbal<br>☐ Yes – written<br>☐ No (SNS will only follow up with the referrer in this case) |
| **SNS staff member receiving this referral:** | | **Date Followed Up with Referrer:** | |

## Person/Adult Details:

| **Primary Person/Adult/Carer (If Applicable):** | | | |
|---|---|---|---|
| **First Name:** | | **Last Name:** | |
| **Relationship to Primary Client:** | | | |
| **Birthdate:** | | **Gender:** | |
| **Long-term Disability/Details:** | | **Aboriginal/Torres Strait Islander?** | Neither |
| **Country of Birth:** | | **Main Language Spoken at Home:** | |
| **Phone Number:** | | **Address:** | |
| **Homeless:** | No | | |

| **Secondary Person/Adult/Carer (If Applicable):** | | | |
|---|---|---|---|
| **First Name:** | | **Last Name:** | |
| **Relationship to Primary Person:** | | | |
| **Birthdate:** | | **Gender:** | |
| **Long-term Disability/Details:** | | **Aboriginal/Torres Strait Islander?** | Neither |
| **Country of Birth:** | | **Main Language Spoken at Home:** | |
| **Phone Number:** | | **Address:** | |
| **Homeless:** | No | | |

**Child Details:**

| Child 1 details | | | |
|---|---|---|---|
| **First Name:** | | **Last Name:** | |
| **Relationship to Primary Person:** | | **School:** | |
| **Birthdate:** | | **Gender:** | |
| **Long-term Disability/Details:** | | **Aboriginal/Torres Strait Islander?** | Neither |
| **Country of Birth:** | | **Main Language Spoken at Home:** | |
| **Phone Number:** | | **Address:** | |
| **Homeless:** | No | Address continued... | |

| Child 2 details | | | |
|---|---|---|---|
| **First Name:** | | **Last Name:** | |
| **Relationship to Primary Person:** | | **School:** | |
| **Birthdate:** | | **Gender:** | |
| **Long-term Disability/Details:** | | **Aboriginal/Torres Strait Islander?** | Neither |
| **Country of Birth:** | | **Main Language Spoken at Home:** | |
| **Phone Number:** | | **Address:** | |
| **Homeless:** | No | Address continued... | |

| Child 3 details | | | |
|---|---|---|---|
| **First Name:** | | **Last Name:** | |
| **Relationship to Primary Person** | | **School:** | |
| **Birthdate:** | | **Gender:** | |
| **Long-term Disability/Details:** | | **Aboriginal/Torres Strait Islander?** | |
| **Country of Birth:** | | **Main Language Spoken at Home:** | Neither |
| **Phone Number:** | | **Address:** | |
| **Homeless:** | No | Address continued... | |

| Child 4 details | | | |
|---|---|---|---|
| **First Name:** | | **Last Name:** | |
| **Relationship to Primary Person:** | | **School:** | |
| **Birthdate:** | | **Gender:** | |
| **Long-term Disability/Details:** | | **Aboriginal/Torres Strait Islander?** | Neither |
| **Country of Birth:** | | **Main Language Spoken at Home:** | |
| **Phone Number:** | | **Address:** | |
| **Homeless:** | No | Address continued... | |

| Emergency Contact Person Details: | | | |
|---|---|---|---|
| **First Name:** | | **Last Name:** | |
| **Relationship to Primary Person:** | | **Phone:** | |

## Additional Information:

| | | | |
|---|---|---|---|
| **Previous involvement with SNS/ FSCFSS?** | NO | **If yes, which worker?** | |
| **Involvement with other agencies?** | NO | **If yes, which agencies?** | |
| **Are any of the children on an order? (ie legal order such as foster care, custody arrangements, or protection under an AVO)** | NO | **If yes, provide details:** | |
| **Are there any potential safety issues for the SNS worker? (eg dangerous dog, parent drug use)** | NO | **Safety issues explained:** | |

## Reasons for Referral (tick as many as relevant)

| | | | | | |
|---|---|---|---|---|---|
| **Parenting Issues** | ☐ | **Information / Community Resources** | ☐ | **Financial Issues** | ☐ |
| **Home Management** | ☐ | **Domestic / Family Violence** | ☐ | **Drug / Alcohol / Other Addictions** | ☐ |
| **Relationship Issues** | ☐ | **Family Law / Separation Issues** | ☐ | **Housing / Tenancy** | ☐ |
| **Children's Issues** | ☐ | **Child Protection Matters** | ☐ | **Mental Health Issues** | ☐ |

| **Areas requiring support / desired outcomes for family:** |
|---|
| |
| **Any additional notes or updates relating to the referral:** |
| |
| **Outcome of referral (internal use only):** |
| |

| | |
|---|---|
| **Date Followed Up with Referrer (internal use only):** | |
| **SNS Worker Allocated (internal use only):** | |
| **Date of follow up attempt 1 with Person (internal use only):** | |
| **Date of follow up attempt 2 with Person (internal use only):** | |
| **Date of follow up attempt 3 with Person (internal use only):** | |