

Life Without Barriers Strong Families Strong Communities (SFSC) Program offers case management and coordination services to support vulnerable children, young people and their families to connect with services, remain together and thrive.

Please email the completed referral form to SFSC@lwb.org.au

Date of Referral:	Click here to enter a date.
<p>Has the family completed a program through:</p> <p><input type="checkbox"/> Child and Family Support System</p> <p><input type="checkbox"/> Intensive Family Services</p> <p><input type="checkbox"/> Not known</p>	
For referral to be progressed, please check the following:	
<p><input type="checkbox"/> Family is aware of referral and willing to meet with the team?</p> <p><input type="checkbox"/> Family is experiencing one or more of the following:</p> <ul style="list-style-type: none"> • <i>Alcohol / Drug use</i> • <i>Family Violence</i> • <i>Housing stress, instability or suitability</i> • <i>Mental Health issues</i> • <i>Physical Health issues</i> <p><input type="checkbox"/> Noted any identified risk to staff (add details):</p>	

FAMILY DETAILS			
Parent/Carer 1 Name		Parent/Carer 2 Name	
Date of Birth	Click here to enter a date.	Date of Birth	Click here to enter a date.
Phone		Phone	
Address		Address	
Does the person identify as an Aboriginal and/or Torres Strait Islander person?		Does the person identify as an Aboriginal and/or Torres Strait Islander person?	

How does the parent/carer describe their cultural background?		How does the parent/carer describe their cultural background?	
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CHILDREN / YOUNG PEOPLE (YP) DETAILS

Child/YP Name 1		Child/YP Name 2	
Date of Birth	Click here to enter a date.	Date of Birth	Click here to enter a date.
Address		Address	
Does the child/YP identify as an Aboriginal and/or Torres Strait Islander person?		Does the child/YP identify as an Aboriginal and/or Torres Strait Islander person?	

List Current Family Support Services (including child/young person's school)

Agency Name	
Key Worker	
Phone	
Address	
Focus	
Agency Name	
Key Worker	
Phone	
Address	
Focus	

Reason for referral

CURRENT STRENGTHS AND NEEDS SUMMARY (Briefly describe strengths and needs of the child / young person and the family)
Child Developmental Outcomes
Emotional Availability / Attachments and Relationships
Parenting Values and Expectations
Parental Emotional Regulation/Problem Solving
Connection to Culture and Community
Connection to Social and Family Supports
Housing and Accommodation
Alcohol and/or Drugs
Parental Health including Mental and Emotional Health

Education and Employment
Finances
Other

REFERRING PERSON	
Name	
Agency	
Email	
Phone	
Relationship to Family	
Description of service provided	
Date of completion	