

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:

Has the family completed a program through:

- Child and Family Support System
- Intensive Family Services
- Not known

For referral to be progressed, please check the following:

- Family is aware of referral and willing to meet with the team?
- Family is experiencing one or more of the following:
- *Alcohol / Drug use*
 - *Family Violence*
 - *Housing stress, instability or suitability*
 - *Mental Health issues*
 - *Physical Health issues*
- Noted any identified risk to staff (add details):

Family Details

Parent/Carer 1 Name		Parent/Carer 2 Name	
Date of Birth		Date of Birth	
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?	
Does the family require a translator? If so, please provide details e.g., language/dialect			
Children/Young People Details			
Child/YP Name 1		Child/YP Name 2	
Date of Birth		Date of Birth	
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

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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

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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 and length of involvement	
Date form completed	