Cafs Client Engagement Intake Referral Form

Please discuss your intention to refer to Cafs with your client prior to completing this request form

Please forward the completed form to **welcome@cafs.org.au**

Date of Referral			
Service Criteria			
Has the client consented to the referral?	☐ Yes ☐ No		
Is the client an existing Cafs Client?	☐ Yes ☐ No		
If above is YES, please specify which program/s			
Client Details			
Full Name		DOB	
Gender	☐ Male ☐ Female ☐ Other		
Preferred pronoun	☐ He ☐ She ☐ They ☐ Ze ☐ No Preference ☐ Pronoun not listed:		
Address			
Phone		Email	
Country of Birth		Year of Arrival	
Aboriginal, Torres Strait Islander status	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither		
Is the client a member of the LGBTIQA+ community?	☐ No ☐ Yes – please specify:		
Is an interpreter required?	☐ No ☐ Yes – language:		
Proficiency spoken English	☐ Very well ☐ Well ☐ Not Well ☐ Not at all		
Literacy Issues	☐ No ☐ Yes – please specify		
Preferred Language			
Is the client a NDIS participant?	☐ Yes ☐ No		
Initial contact method preferred by client	☐ Phone ☐ Email		
Can a message be left on the client's phone?	☐ Yes ☐ No		
Emergency contact name		Contact Phone	
Relationship to emergency contact			
Referrer Details			
Name		Program	
Organisation			
Email		Phone	
Address			
Will you be continuing to work with the client after this referral?	☐ Yes ☐ No		

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Household Details		
Family / Household / Support person details	DOB	Relationship

Referral Information		
Program List		
☐ Housing	☐ Financial Counselling	☐ Gambler's Help
☐ Strengthening Connections	☐ Dad's Tool Kit	☐ Early Help Parenting Groups
☐ Family Relationship Counselling	☐ Cafs Children's Contact Centre	
☐ Post Separation Cooperative Parenting	☐ Men's Behaviour Change - Voluntary	
☐ Other (please specify):		
Details of referral: (e.g. What are the presenting issues and what is it you hope to achieve for your client? For housing please note what type of housing the client is in eg. Private rental, public housing etc.)		
Background: (eg is there anything we should know/ be aware of regarding the client to assist us to engage with the client? eg. Disability/ mental health etc. What other services are currently engaged with the client?)		
Risks for safety, family violence, child wellbeing and mental health & Current legal proceedings, police or Child protection involvement.		
Is there are current Maram risk assessment/ safety plan?	☐ No	☐ Yes – please attach to referral