



Aboriginal Family Worker

Ph: 02 4950 1566

Mob: 0408 186 317

@: jessica.hodge@warlqangurra.org.au

Add: 29 Shearman Ave Raymond Terrace

Referral Form

The Families NSW Aboriginal Family Worker services Aboriginal families in the Post Stephens region by supporting and assisting Aboriginal children, families & communities to have improved access to supports with the priority being Children 0-8; Young parents (under 20); families with known vulnerabilities, such as domestic & family violence, mental health needs, drugs and/or alcohol needs and social economic disadvantage to increase the wellbeing and safety of children, young people and families through parenting support and programs, case management, family support activities, child care activities and school transitional.

This form is to be completed by a Service Provider with the person/s needing service from the Warlga Ngurra Women's and Children's Refuge Aboriginal Families NSW Worker or on their behalf with the client/s permission. Once completed, please email to jessica.hodge@warlqangurra.org.au and we will be in contact with the person/s as soon as possible after receiving this form.

Parents Details: Mother

Surname:	First name:
Address:	Phone no: Mobile no:
D.O.B.:	Marital Status:

Father

Surname:	First name:
Address:	Phone no: Mobile no:
D.O.B.:	Marital Status:

Does the client Identify as being Aboriginal and/or Torres Strait Islander?

- Yes, Aboriginal
 Yes, both
 Yes, Torres Strait Islander
 No – Lets talk about other options

Is this a Drug & Alcohol or Domestic Violence related case? If yes, please provide details

Yes

No

Details:

Is there currently any AVO's in place that include the children? If yes, please provide copy

Yes

No

Details:

Child/erns details?

Full Name	D.O.B	Gender	Resides with	Disabilities/NDIS Package

Emergency contact:

Surname:	First name:
Address:	Phone no:
Relationship to child:	

Is the client/s linked in with any other services e.g. Aboriginal Medical Services, Metal Health Services etc..

Yes

No

Details:

Are there currently any family court orders in place?

Yes

No

Details:

Do the child/erns attend day care or school? If yes, please provide details.

Yes

No

Details:

What assistance do you think the client/s requires?

Details:

Do you have concerns for the child/erns welfare? *If yes, please provide details.*

Yes

No

Details:

Additional information:

All Information is strictly confidential.

I consent to the above details being given to the Aboriginal Family Worker.

Signature of person being referred

- If not present, does client consent to referral being sent?

Date:

Signature of Service provider

Name:

Contact number: