

CPS - Children and Parent Support Service Referral Form

Children and Parent Support service (CPS)

REFERRAL PROCESS

The first point of contact for referrals to the Children and Parent Support service is through the Wanslea Duty Social Worker on Phone: 9245 2441: **8:30am – 5:00pm Monday to Friday**

Referrals can be emailed to dutysw@wanslea.org.au.

Referral forms can be accessed from the Wanslea website – www.wanslea.org.au

Wanslea's CPS is a home-based visiting program designed to build the capacity of families to care for their children. Parents are encouraged to build existing strengths and develop their knowledge and skills in caring for their children.

CPS is for parents or caregivers of children 0-12 years of age:

- Who want to develop their skills, knowledge and strategies to strengthen their relationships with their children
- Who want to enhance their confidence in supporting the needs of their children who are making adjustments in the early years
- Who want to provide a nurturing environment and safe care for their children
- Who wish to strengthen their connections with community resources and networks

CPS is also for parents with learning difficulties and utilises an evidence-based parenting program from the Healthy Start strategy.

Please note, we will not be able to accept the referral without all pages being completed.

Referrer

Name		Agency	
Telephone Number		Email	
Date of Referral:	Click here to enter a date.		
Has the family agreed to this information being shared? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Referral Source

Agency/Organisation		Non-agency	
<input type="checkbox"/>	Health agency	<input type="checkbox"/>	Self
<input type="checkbox"/>	Community services agency	<input type="checkbox"/>	Family
<input type="checkbox"/>	Education agency	<input type="checkbox"/>	Friends
<input type="checkbox"/>	Legal agency	<input type="checkbox"/>	General Medical Practitioner
<input type="checkbox"/>	Employment/ job placement agency	<input type="checkbox"/>	Other party
<input type="checkbox"/>	Centrelink/Department of Human Services		
<input type="checkbox"/>	Other agency		

Where did you hear about the Children and Parent Support service?

Please direct all enquiries to the Duty Social Worker: Phone (08) 9245 2441
or documents can be emailed dutysw@wanslea.org.au. **Funded by Department of Social Services**

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Reason for Referral (Primary) *Please select the primary reason for seeking assistance*

<input type="checkbox"/> Physical Health	<input type="checkbox"/> Mental health, wellbeing and self-care
<input type="checkbox"/> Personal and family safety	<input type="checkbox"/> Age-appropriate development
<input type="checkbox"/> Family functioning	<input type="checkbox"/> Community participation and networks
<input type="checkbox"/> Managing Money	<input type="checkbox"/> Employment, education and training
<input type="checkbox"/> Material wellbeing	<input type="checkbox"/> Housing

Reason for Referral (Secondary) *Please select any secondary reason/s for seeking assistance*

<input type="checkbox"/> Physical Health	<input type="checkbox"/> Mental health, wellbeing and self-care
<input type="checkbox"/> Personal and family safety	<input type="checkbox"/> Age-appropriate development
<input type="checkbox"/> Family functioning	<input type="checkbox"/> Community participation and networks
<input type="checkbox"/> Managing Money	<input type="checkbox"/> Employment, education and training
<input type="checkbox"/> Material wellbeing	<input type="checkbox"/> Housing

Family			
Parent/Caregiver		Parent/Caregiver	
DOB		DOB	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex/Indeterminate		
Address			
Telephone			
Mobile			
Email			
Australian Aboriginal Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Country of Birth			
Ethnicity			
Date of arrival in Australia <i>(if applicable)</i>			
Migration Visa Category <i>(if applicable)</i>	<input type="checkbox"/> Humanitarian <input type="checkbox"/> Skilled <input type="checkbox"/> Family <input type="checkbox"/> Other		
Main language spoken at home?			
Interpreter requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Significant Other Adults			
Relationship to Child		Relationship to Child	
DOB		DOB	
Address			
Telephone			
Email			
Australian Aboriginal Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Interpreter requested	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Children *(please provide details of the children below)*

Surname	First Name	DOB	Age	M/F DGI	CALD/ Ethnicity	Aboriginal or Torres Strait Islander	Current Living Situation

Do you identify as having one or more of the following impairments or disabilities?

Name of Parent/Child	Intellectual learning	Psychiatric	Physical/Diverse	Sensory/Speech	None
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Information

Are there any known court orders relating to this family? ☐ Yes ☐ No

If yes, please elaborate: (please indicate current legal status of the children)

Health Information

Is there any known infectious disease in the family? ☐ Yes ☐ No

If yes, please elaborate:

Main Source of Family Income

☐ No income
 ☐ Paid employment
 ☐ Self employed
 ☐ Other income including superannuation

☐ Government payments/pension
 ☐ Income management by Centrelink

Income Frequency

☐ Weekly
 ☐ Fortnightly
 ☐ Monthly
 ☐ Annually

Income Amount \$

Are you homeless? ☐ Yes ☐ No

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Safety	
Are there any known risks to a worker's safety in this family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please elaborate: (e.g. unrestrained pets, family members who smoke, history of family violence)	
Are there any known risks to child or family safety in this family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please elaborate:	
<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Family Conflict <input type="checkbox"/> Physical Abuse of Children <input type="checkbox"/> Emotional Abuse of Children <input type="checkbox"/> Sexual Abuse of Children <input type="checkbox"/> Neglect of Children <input type="checkbox"/> Access to Weapons	

What are the issues that currently concern this family?

What has the family tried to resolve these challenges?

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Please list other agencies that have been or who are currently involved with the family. What have been the outcomes?

What do you hope Wanslea will offer the family?

What are the family's strengths?

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**If someone else completed the first part of the Referral Form on your behalf,
then this page is to be filled in by a member of the family**

Name of person providing the information	
Family Name:	

What are the issues that currently concern your family?

Please write down some of your family's strengths?

What do you hope to achieve with Wanslea's help?

Consent to Release Information

I _____

give permission for Wanslea to exchange information with the agencies I nominate below in relation to Wanslea's work with my family.

I also give Wanslea permission to collect and use the information for the purposes of program management and evaluation. This includes the understanding that Wanslea will disclose de-identified information to the Australian Government's Department of Social Services for the administration of its Families and Communities Program.

Do you consent to being contacted in future for surveys, research or evaluation exercises? ☐ Yes ☐ No

Signature _____

Date [Click here to enter a date.](#) _____

Notification

The information that you provide on this form includes your personal information. Your personal information is protected by law, including the Privacy Act 1988. Your personal information collected on this form is used primarily for Wanslea's purposes. We use the information that you provide on this form to better understand the profile of the children and families referred to CPS, to help plan and improve activities delivered and to make sure they are easy to access and delivering good outcomes for the local community.

As part of the services provided to you by Wanslea, we need to collect some information about you to assist the Australian Government Department of Social Services (DSS) to conduct performance reporting and research relating to the services that you received from Wanslea. To assist this process, Wanslea will enter your personal information onto the DSS Data Exchange web-based portal by way of a bulk upload which is administered by the DSS. The DSS will not use your personal information in an identifiable form when conducting its research and evaluation, except where you have agreed or it is required by law.

You can find more information about the way the DSS will manage your personal information, including information about accessing and correcting personal information held on the DSS Data Exchanged and making privacy complaints at the DSS website. For information about how and Wanslea manage your personal information, please contact the General Manager on (08) 9245 2441.