

MH - Cusp Referral Form

Cusp is a child centred, family focused and strengths-based program that aims to improve vulnerable children and young people's mental health outcomes.

Eligibility:

- Children and young people aged up to 18 years who are vulnerable to or experiencing the early stages of a mental health issue;
- Children or young person's involvement is voluntary;
- Parent/Guardian support for their child/young person's involvement in the program;
- Children and young people reside in the City of Wanneroo, City of Armadale or City of Gosnells;
- Children and young people are NOT under a care and protection order from CPFS
- A completed referral form including signed parent/guardian consent is required.

Referrers, please complete this form with the family and e-mail completed and signed referral to:
dutysw@wanslea.org.au for enquiries phone (08) 9245 2441

Child/ren and/or Young Person/s Being Referred

	Child 1	Child 2	Child 3	Child 4
Surname				
First Name				
DOB				
Gender				
Aboriginal or Torres Strait Islander (Y or N)				
CALD (Y or N)				
Country of birth				
Language spoken at home				
Current living situation				
Disability (Y or N)				
Current School				

Referral Details

Primary Reason for Referral - Please tick ONE

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	<input type="checkbox"/>

Secondary Reason for Referral - Please tick ONE

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	<input type="checkbox"/>

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Applies to:	Mental Health Staff	This document is uncontrolled in hard copy format.			



Referrer			
Name		Agency/School	
Telephone		Mobile	
Email Address			
Has the family agreed to this information being shared?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Referral Source			
Agency/Organisation		Non-Agency	
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	<input type="checkbox"/>		

Family & Others							
Parents/Caregivers							
Parent/Caregiver				Parent/Caregiver			
DOB				DOB			
Gender				Gender			
Address				Address			
Telephone				Telephone			
E-mail				E-mail			
Australian Aboriginal Torres Strait Islander		Yes <input type="checkbox"/> No <input type="checkbox"/>		Australian Aboriginal Torres Strait Islander		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Country of Birth				Country of Birth			
Ethnicity				Ethnicity			
Arrival Date in Australia (if applicable)				Arrival Date in Australia (if applicable)			
Migration Visa Category (if applicable)				Migration Visa Category (if applicable)			
Humanitarian	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Humanitarian	<input type="checkbox"/>	Skilled	<input type="checkbox"/>
Family	<input type="checkbox"/>	Other	<input type="checkbox"/>	Family	<input type="checkbox"/>	Other	<input type="checkbox"/>
Language spoken at home				Language spoken at home			
Interpreter required		Yes <input type="checkbox"/> No <input type="checkbox"/>		Interpreter required		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Significant Adults							
Relationship to Child				Relationship to Child			
DOB				DOB			
Address				Address			
Telephone				Telephone			
Household Composition – (please tick)							
Single (person living alone)		<input type="checkbox"/>		Sole Parent with Dependant(s)		<input type="checkbox"/>	
Couple		<input type="checkbox"/>		Couple with Dependant(s)		<input type="checkbox"/>	
Group (related adults)		<input type="checkbox"/>		Group (unrelated adults)		<input type="checkbox"/>	
Homeless (no household)		<input type="checkbox"/>		Other		<input type="checkbox"/>	

Referral Details
Are there any safety and health issues Wanslea workers should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please elaborate below:</i>
Are there any known court orders relating to this family? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please elaborate below:</i>
Is the family currently involved with Child Protection and Family Support? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please elaborate below:</i>
What are the reasons for referral and what do you hope the child/young person will get out of it?

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Is the child/young person and/or their family currently engaging in, or have they recently engaged in, any other support or counselling programs?

If yes, please elaborate below:

What are the family's strengths?

Is the child/young person aware of the referral and do they agree to it? (please tick) Yes ☐ No ☐

Information provided by (please tick all that apply)

☐ Referrer Name _____ Date _____
☐ Parent/guardian Name _____ Date _____
☐ Young Person/Mature Minor Name _____ Date _____

Demographic Information (Optional)

Does a member of your family identify as having one or more of the following impairments or disabilities?

Intellectual/learning	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>
Physical	<input type="checkbox"/>	None	<input type="checkbox"/>
Sensory/speech	<input type="checkbox"/>		

Main Source of Income

No income	<input type="checkbox"/>	Paid employment income	<input type="checkbox"/>
Self employed	<input type="checkbox"/>	Other income including superannuation	<input type="checkbox"/>
Government payments/pension	<input type="checkbox"/>	Income Management by Centrelink	<input type="checkbox"/>

Income Frequency

Weekly	<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	Annually	<input type="checkbox"/>

Income Amount \$	
Are you homeless?	Yes <input type="checkbox"/> No <input type="checkbox"/>

In accordance with the Commonwealth Privacy Act (1988) the personal information collected about families will be used in a confidential manner by Wanslea staff strictly for the purpose of facilitating the Cusp program. Clients are able to access their own information.

CONSENT TO RELEASE INFORMATION

This referral for _____ (child/young person's name/s) to the Wanslea Cusp program has been made with my consent.

I understand and give consent for Wanslea to collect and store the information provided on its safe digital client management system. This includes the understanding that Wanslea may disclose de-identified information to the Australian Government Department of Social Services (DSS) for the administration of its Mental Health support services.

Wanslea will contact me after the referral has been received to arrange an initial meeting. If this referral has been made by an agency/organisation, I also give consent for Wanslea to contact them to assist further in the intake/allocation process.

Name of referring agency/school (if applicable) _____

Name (parent/guardian) _____

Signature (parent/guardian) _____

Date _____

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

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 Cusp, 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 Limited. To assist this process, Wanslea Limited 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 Exchange and making privacy complaints at the DSS website. For information about how and Wanslea manages your personal information, please contact us on (08) 92452441 or visit <https://www.wanslea.org.au/utility/privacy-policy>.

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