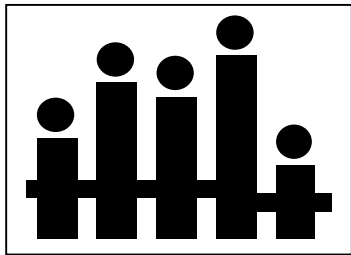


BALLINA-BYRON FAMILY SUPPORT SERVICE



PO BOX 128
64 CRANE STREET
BALLINA NSW 2478
PH/FAX: 02 66864109
familysupport@bbfc.com.au

INTAKE / REFERRAL FORM

DATE OF CONTACT: _____

FAMILY NAME: _____

CLIENT NO: _____

ADDRESS: _____

PHONE: _____

PRESENTING ISSUES: _____

ACTION REQUESTED: _____

CLIENT AWARE OF REFERRAL: **yes / no** (please circle)

FAMILY DETAILS:

PARENT / CARER'S NAME: _____ PARENT / CARER'S NAME: _____

D.O.B: _____ D.O.B: _____

INCOME SOURCE: _____ INCOME SOURCE: _____

FAMILY MAKE UP: _____

CHILDREN:

NAME	SEX	D.O.B/AGE	NAME	SEX	D.O.B/AGE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER SIGNIFICANT PERSON'S: _____

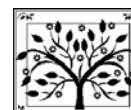
REFERRAL FROM: _____ REFERRAL TO: _____

OTHER SERVICES INVOLVED: _____

CHILD / CHILDREN AT RISK OF ABUSE: _____ NOTIFIED TO DoCS: _____

SAFETY ISSUES: **yes / no** **If yes:** _____

INTAKE PERSON: _____ ALLOCATED WORKER: _____



SITUATION (PLEASE TICK)

CHILD AT RISK _____

PRESENT _____

PAST _____

SEXUAL ASSAULT _____

PRESENT _____

PAST _____

DOMESTIC VIOLENCE _____

PRESENT _____

PAST _____

DRUG & ALCOHOL _____

PRESENT _____

PAST _____

GRIEF _____

LEGAL _____

RESPIRE CARE _____

SUBSTITUTE CARE _____

RELATIONSHIP _____

PARENTING _____

HOUSING ISSUES _____

DISABILITY _____

(CHILD) _____

MENTAL HLTH _____

ISSUES _____

OTHER _____

INFORMATION _____

COURT SUPPORT _____

FINANCIAL _____

GROUPS _____

REFERRAL _____

ETHNICITY _____

GAMBLING _____

DISABILITY _____

(PARENT) _____

PERSONAL GRTH _____

SELF ESTEEM _____

