

EARLY YEARS PROGRAM

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Sunrise Beach Supported Playgroup Referral/Intake Form

FAMILY SURNAME: _____ DATE OF REFERRAL: _____

ADDRESS: _____

PHONE: _____

REFERRAL CRITERIA:

Families must be residents of Sunrise Beach and have children aged five years or under, in addition to one or more of the following:

- First time parents
- Parents with a disability - and/or
- Children with a disability or other special needs
- Young parents
- Families who are socially and geographically isolated
- Families who are economically disadvantaged
- Aboriginal and Culturally and Linguistically Diverse families

BRIEF DESCRIPTION OF PRESENTING ISSUES _____

PARENT'S DETAILS:

Parent/Carer Name: _____ Parent/Carer Name: _____

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

PARENT'S STRENGTHS: _____

Family Structure: _____

CHILDRENS' DETAILS:

Name	Sex	D.O.B	Name	Sex	D.O.B
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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CHILDREN'S STRENGTHS: _____

Referral From: AGENCY: _____

WORKER'S NAME: _____

OTHER AGENCIES INVOLVED: _____

SAFETY ISSUES: yes / no If yes: _____

Office Use Only: Intake worker: _____ Client Number: _____

