External Referral Form

Please use this form to refer to the following programs of PSFaNS.

Specialist Homelessness Service (SHS) Referrals

Target group: Individuals and families who are homeless. or at risk of homelessness, with barriers to resolving their own homelessness in the Port Stephens LGA (accepting clients of all ages & gender identities).
This program includes outreach support, as well as some crisis accommodation [female identifying only] and transitional accommodation [accepting clients of all gender identities]. This program involves intake and case management. The SHS Team is in high demand and prioritises referrals. However, we will always see urgent Domestic and Family Violence referrals on the referral business day or next business day after weekend/public holiday.
Send completed form to: shs@psfans.org.au or phone 4987 1331.

Domestic and Family Violence (DFV) Referrals

Target group: Women and their children who have experienced domestic and family violence in, or who have moved to, Port Stephens LGA.
Our DFV program provides support to women to stay safely in their own home or the home of their choice. This may include case management support, safety planning and security upgrades. The DFV Team aims to contact women within 48 hours. This program is in high demand and prioritises referrals and will see urgent DFV referrals on the referral business day or next business day after weekend/public holiday.
Send completed form to: dfv@psfans.org.au or phone 49 800 800.

Child and Family Program Referrals

Target group: Families with children aged 0-11 years.
Counselling, casework, referral and information - The Child and Family Program prioritises referrals. This means that families with lower risk will often, unfortunately, due to demand and available resources, have to be referred elsewhere. However, clients can attend Playtime Plus sessions (staffed by social workers and early childhood specialists and regular visiting services e.g. speech pathologists, occupational therapists) where assessments and initial referrals and supports can be put in place while the family waits to be allocated. If the referral is for a school aged child, we will, where possible, offer a group program in the interim.
Send completed form to: caf@psfans.org.au or phone 49 800 800.

Youth and Family Program Referrals

Target group: Young people aged 12-18 years and their families.
Counselling, casework, referral and information - The Youth and Family Program prioritises referrals. This means that young people and their families with lower risk will often, unfortunately, due to demand and available resources, have to be referred elsewhere. However, we have youth counsellors in the 3 high schools in Port Stephens, so the young person can usually meet with a worker there quite quickly on an interim basis. Young people can also access drop in at The Deck (our Youth Centre) while waiting. We also have Headspace extra on site at our Jacaranda Avenue Centre. Headspace extra support young people between the ages of 12-25 years who may be experiencing more chronic and episodic moderate to severe mental illness and other psychosocial stressors impacting on the young person and their families' level of functioning.
Send completed form to: yaf@psfans.org.au or phone 49 800 800. For Headspace enquiries, phone 4929 4201.

Men's Family Safety Worker Referrals

Target Group: Men and young men whom are perpetrators of domestic or family violence in the Port Stephens LGA. The service is voluntary and requires the man to be open to a referral and supports to address their behaviour.
Our Men's Family Safety Worker provides supports to men and young men who have a background of domestic/family violence, to assist in making changes to their life as a result of any AVO or ADVO conditions in place and exploring housing/ accommodation options for the man who is either homeless or at risk of becoming homeless as a result of their use of violence. The service includes face to face conversational and case management supports, safety planning and exploring relevant referrals with the client in accordance with the Minimum Standards for Men's Behaviour Change programs in NSW. Referrals to the Men's Family Safety Worker are assessed based on caseload capacity and priorities.
Send completed form to: shs@psfans.org.au or phone 4987 1331.

Complete with as much information as you have access to. This supports us to triage and reduces incidents of clients having to re-tell their story. Attach any relevant documents e.g. DVSAT, ADVO, Genogram, Perpetrator Mapping Tool etc.

Date of completion:			
Referrer Details			
First name:		Last name:	
Organisation:			
Contact number:			
Email address:			
Client Details			
First name:		Last name:	
Date of birth:			
What is the client's current gender identity:	☐ Male ☐ Female ☐ Non-Binary ☐ Don't know ☐ Different identity ☐ Prefer not to say		
Pronouns:	☐ She/Her ☐ He/Him ☐ They/Them ☐ Don't know ☐ Prefer not to say		
Client Contact Details			
Contact number:			
Email address:			
Current address:			
Is it safe for us to:	☐ Call ☐ Leave a voicemail ☐ Text ☐ Email ☐ Post to address listed		
Relationship status:	☐ Single ☐ Partnered		
Client Demographics			
Identifies as:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither		
Country of birth:		Year of arrival in Australia (if relevant):	
Main language spoken at home:		Other language spoken at home:	
Does the client prefer to use an interpreter:	☐ Yes ☐ No	Culturally and Linguistically Diverse:	☐ Yes ☐ No
Does the client consider themselves to be:	☐ Lesbian, gay or homosexual ☐ Straight or heterosexual ☐ Bisexual ☐ Queer ☐ Prefer not to say ☐ Don't know ☐ Different identity		
Is the client homeless:	☐ Yes ☐ No ☐ Other ☐ Unknown		
If other, please specify:			

Partner's Information (if applicable)			
Partner 1			
Relationship status:	☐ Current partner ☐ Former partner		
First name:		Last name:	
Date of birth:			
Current gender identity:	☐ Male ☐ Female ☐ Non-binary ☐ Don't know ☐ Different identity ☐ Prefer not to say		
Identifies as:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither		
Country of birth:			
Usual place of residence:			

Partner 2			
Relationship status:	☐ Current partner ☐ Former partner		
First name:		Last name:	
Date of birth:			
Current gender identity:	☐ Male ☐ Female ☐ Non-Binary ☐ Don't know ☐ Different identity ☐ Prefer not to say		
Identifies as:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither		
Country of birth:			
Usual place of residence:			

Other Significant Persons (if applicable)			
Relationship to client:			
First name:		Last name:	
Date of birth:			
Current gender identity:	☐ Male ☐ Female ☐ Non-Binary ☐ Don't know ☐ Different identity ☐ Prefer not to say		
Identifies as:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither		
Country of birth:			
Usual place of residence:			
Please list the relevant personal details of any additional significant persons not listed above:			

Children's Information (if applicable)			
Child 1			
First name:		Last name:	
Date of birth:		Disability: ☐ Yes ☐ No ☐ Unknown	
Country of birth:			
Current gender identity:	☐ Male ☐ Female ☐ Non-binary ☐ Don't know ☐ Different identity ☐ Prefer not to say		
Identifies as:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither		
Other parent name/details:			
Usual place of residence:			
Child 2			
First name:		Last name:	
Date of birth:		Disability: ☐ Yes ☐ No ☐ Unknown	
Country of birth:			
Current gender identity:	☐ Male ☐ Female ☐ Non-binary ☐ Don't Know ☐ Different Identity ☐ Prefer not to say		
Identifies as:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither		
Other parent name/details:			
Usual place of residence:			

Child 3			
First name:		Last name:	
Date of birth:		Disability: ☐ Yes ☐ No ☐ Unknown	
Country of birth:			
Current gender identity:	☐ Male ☐ Female ☐ Non-binary ☐ Don't know ☐ Different identity ☐ Prefer not to say		
Identifies as:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither		
Other parent name/details:			
Usual place of residence:			
Child 4			
First name:		Last name:	
Date of birth:		Disability: ☐ Yes ☐ No ☐ Unknown	
Country of birth:			
Current gender identity:	☐ Male ☐ Female ☐ Non-binary ☐ Don't know ☐ Different identity ☐ Prefer not to say		
Identifies as:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither		
Other parent name/details:			
Usual place of residence:			
Child 5			
First name:		Last name:	
Date of birth:		Disability: ☐ Yes ☐ No ☐ Unknown	
Country of birth:			
Current gender identity:	☐ Male ☐ Female ☐ Non-binary ☐ Don't know ☐ Different identity ☐ Prefer not to say		
Identifies as:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither		
Other parent name/details:			
Usual place of residence:			
Child 6			
First name:		Last name:	
Date of birth:		Disability: ☐ Yes ☐ No ☐ Unknown	
Country of birth:			
Current gender identity:	☐ Male ☐ Female ☐ Non-binary ☐ Don't know ☐ Different identity ☐ Prefer not to say		
Identifies as:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither		
Other parent name/details:			
Usual place of residence:			
Please list any additional children here:			

Referral for Support	
Program referring to:	☐ Specialist Homelessness Service ☐ Domestic and Family Violence ☐ Child and Family ☐ Youth and Family ☐ Men's Family Safety Worker
What supports are you providing to this client and will this support continue following the referral?	
Primary reason for referral:	

Current Client Status	
Accommodation (if applicable)	
Does the client have somewhere safe to stay tonight:	☐ Yes ☐ No ☐ I'm not sure
How long can the client stay there:	
Type of accommodation? (e.g. community housing, rental, homeowner, transitional accommodation etc.):	
Barriers to resolving own accommodation issues (e.g. TICA):	
Any further comments about Accommodation:	
Domestic and Family Violence (if applicable)	
Perpetrator's full name:	
Perpetrator's date of birth:	
Perpetrator's current location:	
Perpetrator's address:	
Police involvement:	☐ Yes ☐ No ☐ I'm not sure
Date of last incident:	
Is there an existing ADVO:	☐ Yes ☐ No ☐ I'm not sure
If yes, ADVO expiry (if known):	
ADVO conditions (if known):	
Are you aware of any breaches? If so, please provide details:	

Domestic and Family Violence (continued)			
Please explain current risk, circumstances and pattern of behavior (current and past):			
How does the perpetrator's use of violence and control impact on child/young person and family functioning:			
Any further comments about Domestic and Family Violence:			
Child Protection (if applicable)			
Current concerns:			
DCJ involvement:	☐ Yes ☐ No ☐ Unknown		
Family Law proceedings/orders:	☐ Yes ☐ No ☐ Unknown		
Any further comments about Child Protection:			
Legal Issues (if applicable)			
Outstanding court appearances:			
Charges:			
Family Law:			
Any further comments about Legal Issues:			
Financial (if applicable)			
Type of income:		Fortnightly amount:	
Client's next pay date:		Any debts:	☐ Yes ☐ No
If yes to debts, list details here:			
Any further comments about Financial status:			
Mental Health (if applicable)			
Condition:		☐ Diagnosed ☐ Undiagnosed	
Treatment plan (including medication):			
Treatment compliance:	☐ Yes ☐ No		
Any current risks of harm to:	☐ Self ☐ Others	Details:	
Any further comments about Mental Health:			

AOD (if applicable)			
Current substance abuse:	☐ Yes ☐ No		
If yes, what substance:			
Previous history:	☐ Yes ☐ No		
If yes, what substance:			
When was last use:			
Frequency:		Dose:	
Any supports in place:			
Any further comments about AOD use:			
Disability (if applicable)			
Intellectual:	☐ Yes ☐ No	Learning Disorder:	☐ Yes ☐ No
Psychiatric:	☐ Yes ☐ No	Physical:	☐ Yes ☐ No
Other:			
Any supports in place:			
Any further comments about Disability:			
Health (if applicable)			
Condition (diagnosed or undiagnosed):			
Treatment plan, if any (including medication):			
Treatment compliance:	☐ Yes ☐ No		
Any further comments about Health:			
Behaviour Concerns (if applicable)			
Treatment compliance:	☐ Yes ☐ No ☐ Unknown		
If yes, please provide details:			
Probation and Parole involvement:			
Risk Taking Behaviour:			
Any further comments about Behaviour Concerns:			
Other (if applicable)			
Please include any other relevant information:			
What other referrals have been made for this client:			
What other services is the client currently engaged with (include contact details if known):			

You may obtain verbal or written consent from the client to make this referral.

All programs of PSFaNS are voluntary. Complete relevant Consent below.

☐ **Written Consent from client:**

I consent for my information to be sent to Port Stephens Family and Neighbourhood Services (PSFaNS) for the purpose ofreferral.

Full Name:	
Signature:	
Date signed:	

☐ **Verbal Consent from client:**

I obtained the verbal consent of the client named below for this agency to collect, hold, and send the client's personal information to Port Stephens Family and Neighbourhood Services for the purposes of a referral.

Full Name of client:	
Name of referrer:	
Name of Agency:	
Signature:	
Date signed:	

PORT STEPHENS FAMILY AND NEIGHBOURHOOD SERVICES

If you have any questions, please call us on:

4987 1331 – SHS & Men's Family Safety referrals

49 800 800 – DFV, Child & Family and Youth & Family referrals