

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/s:		Email address:	
Primary Client Details			
First name:		Last name:	
Contact number/s:		Date of birth:	
Email address:			
Current address:			
Is it safe for us to:	<input type="checkbox"/> Call <input type="checkbox"/> Leave a voicemail <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Post to address listed		
Is the client homeless:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> Unknown		
If other, please specify:			
Identifies as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither		
Country of birth:		Year arrived in Australia (if relevant):	
Main language spoken at home:		Other language spoken at home:	
Interpreter needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Culturally and Linguistically Diverse:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender identity:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Different identity <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to say		
Do they consider themselves to be:	<input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Lesbian, gay or homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Different identity <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to say		
Relationship status:	<input type="checkbox"/> Single <input type="checkbox"/> Partnered		
Current Partner and/or Former Partner's Information (if applicable)			
Partner 1			
Relationship status:	<input type="checkbox"/> Current partner <input type="checkbox"/> Former partner		
First name:		Last name:	
Contact number/s:		Date of birth:	
Current address:			
Identifies as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither		
Country of birth:		Year arrived in Australia (if relevant):	
Main language spoken at home:		Other language spoken at home:	
Interpreter needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Culturally and Linguistically Diverse:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender identity:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Different identity <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to say		
Do they consider themselves to be:	<input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Lesbian, gay or homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Different identity <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to say		
Partner 2			
Relationship status:	<input type="checkbox"/> Current partner <input type="checkbox"/> Former partner		
First name:		Last name:	
Contact number/s:		Date of birth:	
Current address:			
Identifies as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither		
Country of birth:		Year arrived in Australia (if relevant):	

Partner 2 (continued)			
Main language spoken at home:		Other language spoken at home:	
Interpreter needed:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Culturally and Linguistically Diverse: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender identity:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Different identity <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to say		
Do they consider themselves to be:	<input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Lesbian, gay or homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Different identity <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to say		
Emergency Contact/s			
Contact 1			
Relationship to client:		Date of birth:	
First name:		Last name:	
Contact number/s:		Email address:	
Current address:			
Contact 2			
Relationship to client:			
First name:		Last name:	
Contact number/s:		Email address:	
Current address:			
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: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Identifies as:		<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither	
Country of birth:		Year arrived in Australia (if relevant):	
Main language spoken at home:		Other language spoken at home:	
Interpreter needed:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Culturally and Linguistically Diverse: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender identity:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Different identity <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to say		
Other parent name/details:			
Usual place of residence:			
Child 2			
First name:		Last name:	
Date of birth:		Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Identifies as:		<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither	
Country of birth:		Year arrived in Australia (if relevant):	
Main language spoken at home:		Other language spoken at home:	
Interpreter needed:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Culturally and Linguistically Diverse: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender identity:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Different identity <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to say		
Other parent name/details:			
Usual place of residence:			

Child 3				
First name:		Last name:		
Date of birth:		Disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Identifies as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither			
Country of birth:		Year arrived in Australia (if relevant):		
Main language spoken at home:		Other language spoken at home:		
Interpreter needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Culturally and Linguistically Diverse:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender identity:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Different identity <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to say			
Other parent name/details:				
Usual place of residence:				
Child 4				
First name:		Last name:		
Date of birth:		Disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Identifies as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither			
Country of birth:		Year arrived in Australia (if relevant):		
Main language spoken at home:		Other language spoken at home:		
Interpreter needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Culturally and Linguistically Diverse:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender identity:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Different identity <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to say			
Other parent name/details:				
Usual place of residence:				
Child 5				
First name:		Last name:		
Date of birth:		Disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Identifies as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither			
Country of birth:		Year arrived in Australia (if relevant):		
Main language spoken at home:		Other language spoken at home:		
Interpreter needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Culturally and Linguistically Diverse:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender identity:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Different identity <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to say			
Other parent name/details:				
Usual place of residence:				
Child 6				
First name:		Last name:		
Date of birth:		Disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Identifies as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither			
Country of birth:		Year arrived in Australia (if relevant):		
Main language spoken at home:		Other language spoken at home:		
Interpreter needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Culturally and Linguistically Diverse:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender identity:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Different identity <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to say			
Other parent name/details:				
Usual place of residence:				
List any additional children here:				

Referral for Support	
Program referring to:	<input type="checkbox"/> Specialist Homelessness Service <input type="checkbox"/> Domestic and Family Violence <input type="checkbox"/> Child and Family <input type="checkbox"/> Youth and Family <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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:			
If this person was listed in 'Current Partner and/or Former Partner's Information' - skip to 'Police involvement'			
Perpetrator's date of birth:		Country of Birth:	
Identifies as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither		
Perpetrator's current location:			
Perpetrator's address:			
Police involvement:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure		
Date of last incident:			
Is there an existing ADVO:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure		
If yes, ADVO expiry (if known):			
ADVO conditions (if known):			

Domestic and Family Violence (continued)			
Are you aware of any breaches? If so, please provide details:			
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:			
Reference # from your report to Helpline (re above concerns):			
DCJ involvement:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Family Law proceedings/orders:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to debts, list details here:			
Any further comments about Financial status:			
Mental Health (if applicable)			
Condition:		<input type="checkbox"/> Diagnosed <input type="checkbox"/> Undiagnosed	
Treatment plan (including medication):			
Treatment compliance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any current risks of harm to:	<input type="checkbox"/> Self <input type="checkbox"/> Others	Details:	
Any further comments about Mental Health:			

AOD (if applicable)			
Current substance abuse:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what substance:			
Previous history:	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Learning Disorder:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatric:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical:	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any further comments about Health:			
Behaviour Concerns (if applicable)			
Treatment compliance:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 of referral.

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:	



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