KEYS REFERRAL FORM

Please email the completed referral to support@keyswa.org. For any queries, please contact (08) 9439 1838.

DATE OF REFERRAL: ___________________________

PLEASE SELECT THE PROGRAM THAT YOU ARE REFERRING THE CLIENT TO: **If unsure of what program you are referring the client to, please view the programs listed on our website.**
☐ Family Support (Kwinana) ☐ PAT (Parents as Teachers) ☐ KEYS to Kindy

CLIENT'S PERSONAL DETAILS:	
Name:	
DOB:	
Address:	
Contact Number:	
Email Address:	
Please indicate if the client identifies as being:	☐ Female ☐ Male ☐ Non-Binary ☐ Prefer not to say
Please indicate if the client identifies as being:	☐ Aboriginal ☐ Torres Strait Islander ☐ CALD
Is the client aware and in agreement with referral:	☐ Yes ☐ No
Has family been informed about what the service offers:	☐ Yes ☐ No
List all other agencies/services involved:	

Preferred Method of Contact	
Please tick the clients preferred method of contact	☐ Home phone ☐ Mobile ☐ Email
Is it safe to leave messages and text the client's number	☐ Yes ☐ No

FAMILY DETAILS:
(Please include partner details, if relevant, and children under 12 years)

Surname	**First Name**	**DOB**	**Tick if Applicable**		
			☐ Aboriginal	☐ Torres Strait Islander	☐ CALD
			☐ Aboriginal	☐ Torres Strait Islander	☐ CALD
			☐ Aboriginal	☐ Torres Strait Islander	☐ CALD
			☐ Aboriginal	☐ Torres Strait Islander	☐ CALD
			☐ Aboriginal	☐ Torres Strait Islander	☐ CALD
			☐ Aboriginal	☐ Torres Strait Islander	☐ CALD
			☐ Aboriginal	☐ Torres Strait Islander	☐ CALD
			☐ Aboriginal	☐ Torres Strait Islander	☐ CALD

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REFERS DETAILS:	
Organisation:	
Name:	
Referrer's email address:	
Referrer's contact number:	

PLEASE DESCRIBE THE FAMILY'S STRENGTHS:

REASON FOR REFERRAL AND PRESENTING ISSUES:

SAFETY:		
Are there any known risks to a worker's safety?	☐ Yes	☐ No
If yes, please elaborate		

ISSUES THE FAMILY ARE FACING:	
☐ Child at risk / child protection	☐ Housing security / homelessness
☐ Temporary removal of children	☐ Social isolation
☐ Parenting orders	☐ Pregnancy / birth
☐ Family violence (past)	☐ Parenting challenges
☐ Family violence (current)	☐ Life skill challenges
☐ FVRO active	☐ Child development concerns
☐ AOD misuse (past)	☐ School refusal
☐ AOD misuse (current)	☐ Child's behavioural problems
☐ Diagnosed Post Natal Depression	☐ Learning difficulties
☐ Grief / loss	☐ Divorce / separation
☐ Disability (parent)	☐ New partner / blending families
☐ Disability (child)	☐ Inadequate family support
☐ Psychiatric concerns (parent)	☐ Other
☐ Psychiatric concerns (child)	