



Brighter Futures Referral Form

Section 1: Referral Details

- Referral Date ----/----/----- (Date the referral was made)

Referring Agency Details, please complete all details (if applicable)

- Referring Agency Name: _____
- Referrer Name: _____
- Address: _____
- Phone: _____ Fax: _____ Email: _____

Lead Agency Details:

- Date referral received by the Lead Agency: ----/----/----- (dd/mm/yyyy)
- Lead Agency Name: KARI Aboriginal Resources Inc. _____
- Agency Identifier: KARI Aboriginal Resources Inc. Brighter Futures _____
- Name of Lead Agency contact for this referral: _____
- Contact Phone Number: 02 8782 0300
- Contact Fax Number: 02 8782 0353



Section 2: Consent Confirmation (To be completed by the referrer)

(The purpose of gaining consent from the primary carer/parent(s) is to enable the local FACS to access eligibility to the Brighter Futures program. This information will also be used for evaluation of the program. Information will be treated confidentially).

- Is the family aware that any information provided when they are in the program (from the point they are determined eligible for the program until they withdraw from the program) can be used for the evaluation of the Brighter Futures Program? Yes / No

- Is this family aware that participation in the program may involve participation in surveys and questionnaires undertaken by the Social Policy Research Centre, University NSW and that they are also consenting to participate in the research if requested? Yes / No

- Were the primary carer/parent(s) recorded in **Section 3** provided with information about the use and protection of their family's personal information? Yes / No

- Has consent been provided in **Section 6** for every primary carer who has their personal information recorded on this Referral Information Form?
 - Verbal consent: Yes / No
 - Written consent (signed consent form using Section 6): Yes / No

- Have the primary carer/parent(s) placed any restrictions on the personal information to be provided? Yes / No

If yes, please specify:

Referrer Declaration:

I _____ (Please _____ Print)

Agency:



Date: ___/___/___

Confirm the details in **Section 2** of this Referral Information Form are correct and that a consent form **Section 6** has been completed and filed securely.

Signed: (Agency) Worker: _____

Position: _____

Section 3: Adult Information (for adults providing consent in Section 6)

(Details to be provided by this adult after their consent is gained):

Primary Carer:

First Name: _____

Surname: _____

Aliases: _____

Date of Birth: / / (dd/mm/yyyy)

Sex: _____

Current Address: _____

Telephone: _____ Mobile: _____

▪ Are you Aboriginal or Torres Strait Islander? Yes / No *(Please circle)*

 ○ Aboriginal: Yes / No *(Please circle)*

 ○ Torres Strait Islander: Yes / No *(Please circle)*

▪ Country of Birth: _____ of _____

▪ Is the mother currently pregnant? Yes / No *(Please circle)*



- Do you have any diagnosed illness/disability? Yes / No *(Please circle)*

If yes please no specify:

- Mother's CRN: _____

- Mother's Medicare number & expiry date: _____

Other Carer:

First Name: _____

Surname: _____

Aliases: _____

Date of Birth: / / (dd/mm/yyyy)

Sex: _____

Current Address: _____

Telephone: _____ Mobile: _____

- Which of the following best describes this person's status in the household?



- Partner of Primary Carer Yes / No (Please circle)
- An Adult in the household Yes / No (Please circle)
- Other: _____

- Are you Aboriginal or Torres Strait Islander? Yes / No (Please circle)
 - Aboriginal: Yes / No (Please circle)
 - Torres Strait Islander: Yes / No (Please circle)

▪ Country _____ of
Birth: _____

- Do you have any diagnosed illness/disability? Yes / No (Please circle)

If _____ yes _____ please _____ specify:

- Other carer's CRN: _____

Section 4: Child Information

Child 1

First _____ Name:

Surname: _____

Gender: _____



Date of Birth: / / (dd/mm/yyyy)

- o Confirmed: Yes / No (Please circle)
- o Approximate: Yes / No (Please circle)

Relationship to Primary Carer:

- Aboriginal or Torres Strait Islander? Yes / No (Please circle)
- Disability: Yes / No (Please circle)

If yes please specify:

- Child 1 CRN: _____

Child 2

First Name:

Surname:

Gender:

Date of Birth: / / (dd/mm/yyyy)

- o Confirmed: Yes / No (Please circle)
- o Approximate: Yes / No (Please circle)

Relationship to Primary Carer:

- Aboriginal or Torres Strait Islander? Yes / No (Please circle)
- Disability: Yes / No (Please circle)

If yes please specify:

- Child 2 CRN: _____



Section 4: Child Information Continued

Child 3

First Name: _____

Surname: _____

Gender: _____

Date of Birth: / / (dd/mm/yyyy)

- Confirmed: Yes / No (Please circle)
- Approximate: Yes / No (Please circle)

Relationship to Primary Carer: _____

- Aboriginal or Torres Strait Islander? Yes / No (Please circle)
- Disability: Yes / No (Please circle)

If yes please specify: _____

- Child 3 CRN: _____

Child 4

First Name: _____

Surname: _____

Gender: _____

Date of Birth: / / (dd/mm/yyyy)

- Confirmed: Yes / No (Please circle)
- Approximate: Yes / No (Please circle)



Relationship _____ to _____ Primary _____ Carer: _____

- Aboriginal or Torres Strait Islander? Yes / No (Please circle)
- Disability: Yes / No (Please circle)

If _____ yes _____ please _____ specify: _____

▪ Child 4 CRN: _____

Section 4: Child Information Continued

Child 5

First _____ Name: _____

Surname: _____

Gender: _____

Date of Birth: _____ / _____ / _____ (dd/mm/yyyy)

- Confirmed: Yes / No (Please circle)
- Approximate: Yes / No (Please circle)

Relationship _____ to _____ Primary _____ Carer: _____

- Aboriginal or Torres Strait Islander? Yes / No (Please circle)
- Disability: Yes / No (Please circle)

If _____ yes _____ please _____ specify: _____

Child 5 CRN: _____

Child 6



First Name:

Surname:

Gender:

Date of Birth: / / (*dd/mm/yyyy*)

- Confirmed: Yes / No (*Please circle*)
- Approximate: Yes / No (*Please circle*)

Relationship to Primary Carer:

- Aboriginal or Torres Strait Islander? Yes / No (*Please circle*)
- Disability: Yes / No (*Please circle*)

If yes please specify:

Child 6 CRN:

Section 4: Child Information Continued

Child 7

First Name:

Surname:

Gender:

Date of Birth: / / (*dd/mm/yyyy*)

- Confirmed: Yes / No (*Please circle*)
- Approximate: Yes / No (*Please circle*)



Relationship _____ to _____ Primary _____ Carer: _____

- Aboriginal or Torres Strait Islander? Yes / No (Please circle)
- Disability: Yes / No (Please circle)

If _____ yes _____ please _____ specify: _____

Child 7 CRN: _____

Child 8

First _____ Name: _____

Surname: _____

Gender: _____

Date of Birth: _____ / _____ / _____ (dd/mm/yyyy)

- Confirmed: Yes / No (Please circle)
- Approximate: Yes / No (Please circle)

Relationship _____ to _____ Primary _____ Carer: _____

- Aboriginal or Torres Strait Islander? Yes / No (Please circle)
- Disability: Yes / No (Please circle)

If _____ yes _____ please _____ specify: _____

Child 8 CRN: _____

Section 5: Identified Issues

- Please provide your reasons for referring this family to the Brighter Futures Program:



- Please outline the referring agency's involvement with the child/family:

- Please list any other services the family is involved with:

- ---
- ---
- ---
- ---
- ---
- ---
- ---



- Which of the following issues have been identified? Please indicate answers on the following table.

Issues	Present	Comments <i>Are the identified issues recent or do they reflect a chronic situation? Has the family been involved with other services to address these issues</i>
Domestic Violence		
Parental Drug & Alcohol Issues		
Parental Mental Health Issues		
Parents with significant learning difficulties or intellectual disability		
Lack of Parenting skills/inadequate supervision		
Other (Please list)		



Section 6: Primary Consent

I/We

(Please print your name/s)

- Agree to my/our personal information being collected, held and sent to KARI Aboriginal Resources Inc and the local FACS Brighter Futures Team so that they can determine if my/our family is eligible for the Brighter Futures program.
- I/we understand and agree that this information can be used for the purposes of research and evaluation (including surveys and questionnaires) of the Brighter Futures program by the Social Policy Research Centre, University of NSW.
 - Yes / No *(Please circle)*
- My/our consent will stop if I/we give KARI Aboriginal Resources Inc notice in writing.
 - Yes / No *(Please circle)*
- I/we have been informed about how our personal information will be used and we give my/our information voluntary.
 - Yes / No *(Please circle)*
- I/we authorise- KARI Aboriginal Resources Inc. to act on my behalf, to make enquiries and to receive written communication.
 - Yes / No *(Please circle)*

Parent/Carer Name:

Parent/Carer Signature:

Date:



Parent/Carer Name:	
Parent/Carer Signature:	
Date:	

Primary Carer/Parent(s) consent on behalf of children under 16 years or family members who lack legal capacity:

I/We

(Please print your name/s)

Give my/our consent on behalf of *(Print child's name/family member)*

- For my/our children/family member's personal information to be given to KARI Aboriginal Resources Inc and the local FACS Brighter Futures Team so they can determine if my family is eligible for the Brighter Futures program.
- I/we understand and agree that this information can be used for the purposes of research and evaluation (including surveys and questionnaires) of the Brighter Futures program by the Social Policy Research Centre, University of NSW.

Yes / No *(Please circle)*

Parent/Carer Name:	
Parent/Carer Signature:	
Date:	
Parent/Carer Name:	
Parent/Carer Signature:	
Date:	



Section 7: Case Management Capacity

To be completed by the Brighter Futures Team - KARI Aboriginal Resources Inc

- Does the Lead Agency currently have the capacity to case manage this family if determined eligible?
 - Yes / No (Please circle)

- Name of KARI worker to be contacted about this referral:

KARI Worker Name:	
KARI Worker Signature:	
Date:	
Phone:	
Fax:	
Email:	
Manager Name:	
Manager Signature:	
Date:	



Phone:	
Email:	

Section 8:

To be completed by FACS Early Intervention Manager Casework and sent to KARI.

Family Details

Unique Family Identifier: _____

Name	Unique Identified Person

Outcome of referral for Brighter Futures Program

- Eligible: Yes / No *(Please circle)*
- Not Eligible: Yes / No *(Please circle)*

If not eligible please specify why:

KARI



Manager Name:	
Manager Signature:	
Date:	
Phone:	
Email:	

Approved:
Review Date: