

To be used by Fleurieu Families Worker when gathering information from Self or Family Referrals

Date: _____

CLIENT INFORMATION

Name: _____

DOB: _____

Partner's Name: _____

DOB: _____

Address: _____

Phone: (home) _____ (mobile) _____

Does the client or any of their children identify as Aboriginal / Torres Strait Islander? **YES / NO**

Are there any language or social barriers we need to be aware of?

CHILDREN (please include last name)

Child 1: _____ DOB: _____

Child 2: _____ DOB: _____

Child 3: _____ DOB: _____

Child 4: _____ DOB: _____

Child 5: _____ DOB: _____

Child 6: _____ DOB: _____

Where do the children live?

OTHER AGENCIES

Are you seeing any other services or community agencies?

REASON FOR REFERRAL

SAFETY ISSUES (Use these questions at your discretion)

If we work with you outside of our office, your home becomes our workplace.

Is there anything about your home or situation that may need to know about?

- Do you live in an isolated area
- Do you have a dog or other animals we need to know about? Are they restrained?
- Do you have weapons in your home? Are they locked away?
- Are there other people who live with you?

OTHER INFORMATION

Are there any current parenting / court orders in place for any members of this family? **YES / NO**

If yes, please give details

Is there anything else you think we should know? For example do you have an estranged partner that may impact upon our work with you?

OFFICE USE ONLY

Date received:

Assigned to:

Action taken:

Information added to Penelope Data Base:

Name: _____ **Signed:** _____ **Date:** _____