ARA Family Safety Referral Form



Family Safety program offers comprehensive early intervention and response case management support, including:

 Family support focusing on child safety and wellbeing. Domestic and Family violence, including early intervention to strengthen family relationships. **Referring Worker (Full Name)** Referring agency **Phone Email address** Post Address No Client consent obtained for the referral? Yes Important: We accept referrals whose consent is obtained or can be obtained through referrals. **Client Details** Client name: First Name: Last Name: Date of Birth: Gender: Address: **Phone number: Email address:** Date of arrival in Australia: Visa Number: 200 202 204 866 Other: **Country of Birth: Preferred language:** Interpreter required: Yes No Interpreter preference: Male **Female** Interstate Disability, please detail: Is it okay to leave a voice and Yes No text message? Does the client have children? Yes □ If yes, please provide the following details: No Child 1: Name: DOB: Child 2: Name: DOB: Child 3: Name: DOB:

ARA Address: Shop 94 Ann Street (Corner of Commercial Road); SALISBURY 5108 T: 8354 2951 F: 8354 2953 PO Box 72 SALISBURY SA 5108

DOB:

DOB:

Child 4: Name:

Child 5: Name:

ARA Family Safety Referral From

Reasons for referral				
What are the presenting issues? Family Relationship □ Domestic and Family Violence □ Child Protection/Safety				
Health and Wellbeing	Substance Abuse	Gambling \square	School Attendance	
Housing Issues	Other			
Are there any immediate safety concerns? Yes □ No □ If yes, please include details.				
What support would the clie	nt like from the Family Safety p	rogram?		
Is there anything about the clients' culture or background that is important for us to understand?				
What other support services are in place currently, if any?				
	orm to familysafetyreferrals@andlenquiries to the above email a			
For any other enquiries, please contact the Family Safety Program on 08 8354 2951 or visit our website				

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www.australianrefugee.org