Strengthening Family Connections

Livingstone SHIRE COUNCIL

REQUEST FOR SERVICE FORM

Enquiries: 07 4913 3830 **Email:** SFC@livingstone.qld.gov.au **Address:** 35 William Street, Yeppoon QLD 4703

PRIVACY NOTICE

Livingstone Shire Council is collecting the personal information you supply on this form for the purpose of assessing the suitability of the referral of an individual or family to access services provided by Strengthening Family Connections (SFC). The Council is authorised to do this under the Information Privacy Act 2009. Your personal details will not be disclosed to any other person or agency external to SFC without your consent unless required or authorised by law.

PLEASE NOTE: SFC is funded to work with children, young people (unborn to 18yrs) and their families who are in vulnerable situations. Counselling and case management services are offered to families who reside on the **Capricorn Coast** and are not currently subject to statutory child protection intervention. SFC can work with families who are at risk of entering or re-entering the Child Safety System.

Date of Referral	

Primary Client Details						
First Name				Surname		
Date of Birth		Age		Preferred Name Preferred Pronoun		
Phone		Email				
Address						
City		State		Postcode		
Postal Address *(if applicable)*						
Name of Primary Contact ***(if client under 18)***				**Contact No.**		

IMPORTANT		
Is it safe for SFC to contact you via phone/text for appointments, send out letters on occasions?	☐ **Yes**	☐ **NO**
If **NO;** restricted communication is required – Client Consent for Communication Form MUST be completed & sent to Admin	☐	

Other Family Members					
First Name	**Last Name**	**Relationship to Client**	**DOB / Age**	**Gender**	**Requires Support**
					☐
					☐
					☐
					☐
					☐
					☐

Reason for Referral

Please list Medical / Allied Health Services who have been / are involved with you / your family:	
	❑ Referral lodged ❑ Waitlisted ❑ Current ❑ Past
	❑ Referral lodged ❑ Waitlisted ❑ Current ❑ Past
	❑ Referral lodged ❑ Waitlisted ❑ Current ❑ Past

Demographic Information					
Country of Birth		Do you require an interpreter?		❑ Yes	❑ No
Language at home		Do you require an Auslan interpreter?		❑ Yes	❑ No
Do any family members identify as:	❑ Aboriginal	❑ Torres Strait Islander		❑ Australian South Sea Islander	
	❑ Culturally and Linguistically Diverse			❑ Single Parent/Guardian	

Worries/Concerns		
☐ Children's Wellbeing	☐ Mental health issues	☐ Drug / Alcohol / Substance use
☐ Domestic and family violence ❑ Current ❑ Past	Any Current Orders ❑ Yes ❑ No	
☐ Parenting Skills Development	☐ Conflict between family members	☐ Social isolation / Social supports
☐ Grief and Loss	☐ School Exclusion	☐ Relationship breakdown/separation
☐ Other:		
Is there any Family Court Involvement ❑ Yes ❑ No		

Client Consent			
Signature of Primary Client / Primary Contact		**Date**	
I consent for Strengthening Family Connections to provide information about the progress / outcome of my referral to the below referring agency. **Please mark the correct box ☐ Yes ☐ No**			

Agency Referral			
Referring Agency			
Postal Address		Phone	
Referrer's Name	Email		
Signature of Referring Person		Date	

Please return completed form to the SFC office at 35 William Street, Yeppoon
Alternatively, email through to our confidential mailbox - SFC@livingstone.qld.gov.au

It is our policy to arrange an initial meeting with you to discuss your needs and to determine whether we are the most appropriate organisation to offer you support and assistance.