**REFERRAL FORM**

Call KCLS if you prefer to discuss the matter first:

Kununurra: 08 9169 3100 or 1800 686 020

Broome: 08 9192 5177 or 1800 797 088

Email referrals to:

Kununurra: office@kcls.org.au

Broome: broomeoffice@kcls.org.au

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| **REFERRER’S DETAILS** | | | | | | | | | | | | | | | | |
| **Referring Agency:** | | | | | | | | | | | **Referral Date:** | | | | | |
| **Referrer’s Name:** | | | | | | | | **Referrer’s Phone:** | | | | | | | | |
| **Referrer’s Email Address:** | | | | | | | | | | | | | | | | |
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| **CLIENT CONTACT DETAILS** | | | | | | | | | | | | | | | | |
| **Family Name**: | | | | | | | | | | | | | | **DOB:** | | |
| **Given Names**: | | | | | | | | | | | | | | | | |
| **Is this person known by any other names?** Yes  No  ***If yes, what name(s):*** | | | | | | | | | | | | | | | | |
| **Gender Identity:** | | | | **Aboriginal and/or Torres Strait Islander:** Yes  No | | | | | | | | | | | | |
| **Preferred Language:** | | | | | | **Interpreter Required:** Yes  No | | | | | | | | | | |
| **Next of kin, significant other, or carer:** | | | | | | | | | | | | | | | | |
| **Children in their care:** Yes  No  Unknown | | | | | | | | **Age(s):** | | | | | | | | |
| **Home Phone**: | | | | | | **Mobile Phone**: | | | | | | | | | | |
| **Residential Address:** | | | | | | | | | | | | | | | | |
| **Postal Address:** | | | | | | | | | | | | | | | | |
| **Has this client been a KCLS client before?** Yes  No  Unknown | | | | | | | | | | | | | | | | |
| **Has consent been given for this referral?** Yes  No | | | | | | | | | | | | | | | | |
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| **OTHER PARTY DETAILS (if applicable)** | | | | | | | | | | | | | | | | |
| **Name (individual or organisation)** | | | | | | | | | | | | | **DOB:** | | | |
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| **REASON FOR REFERRAL** | | | | | | | | | | | | | | | | |
| **Legal Issues** | | | | | | | | | | | | | | | | |
| Criminal Injuries Compensation | | Tenancy Services | | | | | Credit & Debt | | | | | | | | Child Protection | |
| Deceased Estate | Family Law | | Redress (Kununurra only) | | | | | | | Restraining Order | | | | | | Other |
| **Social Work Issues** | | | | | | | | | | | | | | | | |
| Family and Domestic Violence | | | | | Elder Abuse | | | | Tenancy (Kununurra only) | | | | | | | |
| **Financial Counselling Issues** (Kununurra only) | | | | | | | | | | | | | | | | |
| Bills | | Debts | | | | | | | | | | Budgets | | | | |
| **REFERRAL DETAILS** | | | | | | | | | | | | | | | | | |
| **Please provide some background information about the reason(s) for this referral.** | | | | | | | | | | | | | | | | | |
| **Please provide the client’s concerns and/or goals for this referral.** | | | | | | | | | | | | | | | | | |
| **Other known services/supports involved**: Yes  No  Unknown  *If yes, please provide details:* | | | | | | | | | | | | | | | | | |
| **Are there any known safety risks for KCLS staff?** Yes  No  Unknown  *If yes, please provide details:* | | | | | | | | | | | | | | | | | |

**The above-mentioned client has agreed to a referral to KCLS.  KCLS will seek to contact the client within two (2) working days.  If KCLS is unable to assist, KCLS will provide an alternative referral.**

**Client Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_/\_\_\_\_/\_\_\_\_\_