HUB Neighbourhood Centre Inala

MAKE A Difference

# Referral to Family Wellbeing Support Program

| *To be completed by health providers, social or community organisations only.* | | |
|---|---|---|
| **Date** | **Source of Referral** | **Contact details of referrer** |
| | **Referrer Name:**<br>**Organisation/Practice:** | **Phone:**<br>**Email:**<br>**Address:** |

| **Family contact details** |
|---|
| **Phone:** |
| **Email:** |
| **Location:** ☐ Inala ☐ Richlands ☐ Other: |
| **Any support with daily living/accessibility requirements or persistent health issues?** ☐ Y ☐ N<br>If yes, please provide details (*e.g. person living with a disability and requires a carer, support worker required for child etc.*) |

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| **First Name & Surname**<br>**NB:** referral for families with children <12 years old | **Relationship**<br>mother, father, son, daughter etc. | **Date of Birth (age)** | **Gender Identity**<br>Male/Female/LGBTQI+ etc. |
|---|---|---|---|
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| 2. | | | |
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| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

Social determinants of health to address:

☐ **social participation** e.g. social gatherings (e.g. women's group), social support groups (ukelele group)

☐ **physical activity** e.g. Tai Chi, yoga, running group etc.

☐ **health and nutrition** e.g. healthy eating habits

☐ **education and development** e.g. English classes, playgroups (0-5)

☐ **employment** e.g. job seeking, volunteering opportunities

☐ **financial support** e.g. money management

☐ **other** e.g. skills development such as technology, cooking, social support etc.

**Detail reason for referral:** *(e.g. social isolation/loneliness concerns? What are the family's most significant needs to be addressed? Any barriers to accessing social prescribing such as finances, transport, full-time carer etc.)*
***If known, please include country of birth for <u>each</u> family member:***

**Any other information:** (e.g. *Any other health/well-being concerns that will impact engagement in activities/programs? Experiencing domestic family violence, safety/risk factors, NDIS plan requiring review for additional supports etc.*)

- **Has the family been provided information about the program?** ☐ Y ☐ N ☐ factsheet ☐ website ☐ verbal
- **Is an interpreter required for the family?** ☐ Y ☐ N If yes, language/dialects spoken:

**Written consent:**

I/We _____ understand and agree for HUB Neighbourhood Centre to receive my family's personal details including but not limited to, my/our names, address location, contact details, and other necessary information (in writing or verbally) sufficient to deliver the services under the Family Wellbeing Support program. I/We understand my/our participation in the program is voluntary and I/we can withdraw at any time. I/we also understand that I can withdraw my/our consent at any time. I/we give consent to share information relating to my/our family needs and consent for the Link Worker to contact me/us.

**Parent/Carer Signature:** _____ **Date:** _____

**Verbal Consent** (if family are unable to provide written consent):

- **Does the family consent to share information to the HUB Neighbourhood Centre:** ☐ Y ☐ N
- **Does the family consent to be contacted by the Link Worker?** ☐ Y ☐ N

*Information obtained from the family will be provided to HUB Neighbourhood Centre's Family Wellbeing Support program. Family details will be held securely in compliance with the Information Privacy Act 2009.*

*Please send the referral document to:* **connect@hubcommunity.org.au**

To find out more about our centre: Call (07) 3372 3770
or visit us online at www.hubcommunity.org.au