CPS - Children and Parent Support Service Referral Form

FOR-0454

Children and Parenting Support service (CPS)

Uplyft's CPS is a strengths-based home visiting program for parents or caregivers of children aged 0-12 years to:

- Strengthen relationships with their children
- Increase confidence and capacity in meeting the needs of their children
- Provide a nurturing and safe environment for their children
- Strengthen connections with community networks and resources

The Children and Parenting Support service (CPS) operates in the following suburbs:

Kewdale
Rivervale
Bentley
Service information including the referral form can be accessed from the Uplyft website
www.uplyft.org.au

Referral enquiries should be directed to the Uplyft Duty Social Worker on 9245 2441.

Completed referrals can be emailed directly to cps@uplyft.org.au

Referrer			
Name		Agency	
Telephone Number		Email	
Date of Referral:			
Has the family agreed to this information being shared? ☐ Yes ☐ No			

Referral Source			
Agency/Organisation		**Non-agency**	
☐	Health agency	☐	Self
☐	Community Services agency	☐	Family
☐	Education agency	☐	Friends
☐	Other agency	☐	General Medical Practitioner

How did you learn about the Children and Parent Support service? *(Please elaborate below)*

Reason for Referral *Please put number 1 against the primary reason for referral and number 2 against the secondary reason for referral*

0	Physical health	0	Mental health, wellbeing and self-care
0	Personal and family safety	0	Age-appropriate development
0	Family functioning	0	Community participation and networks
0	Managing money	0	Employment, education and training
0	Material wellbeing	0	Housing

Family			
Parent/Caregiver		Parent/Caregiver	
DOB		DOB	
Gender	☐ Male ☐ Female ☐ Intersex/Indeterminate	Gender	☐ Male ☐ Female ☐ Intersex/Indeterminate
Address		Address	
Telephone		Telephone	
Mobile		Mobile	
Email		Email	
Australian Aboriginal Torres Strait Islander	☐ Yes ☐ No ☐ Yes ☐ No	Australian Aboriginal Torres Strait Islander	☐ Yes ☐ No ☐ Yes ☐ No
Country of Birth		Country of Birth	
Ethnicity		Ethnicity	
Date of arrival in Australia *(if applicable)*		Date of arrival in Australia *(if applicable)*	
Migration Visa Category *(if applicable)* ☐ Humanitarian ☐ Skilled ☐ Family ☐ Other		Migration Visa Category *(if applicable)* ☐ Humanitarian ☐ Skilled ☐ Family ☐ Other	
Main language spoken at home?		Main language spoken at home?	

Interpreter requested? ☐ Yes ☐ No

Interpreter requested? ☐ Yes ☐ No

Significant Other Adults			
Relationship to Child		Relationship to Child	
DOB		DOB	
Address		Address	
Telephone		Telephone	
Email		Email	
Australian Aboriginal Torres Strait Islander	☐ Yes ☐ No ☐ Yes ☐ No	Australian Aboriginal Torres Strait Islander	☐ Yes ☐ No ☐ Yes ☐ No

Children *(Please provide details of the children below)*							
Surname	First Name	DOB	Age	M/F DGI	CALD/ Ethnicity	Aboriginal or Torres Strait Islander	Current Living Situation

Do you or your children identify as having one or more of the following impairments or disabilities?					
Name of Parent/Child	Intellectual learning	Psychiatric	Physical/Diverse	Sensory/Speech	None
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

Referral Reasons

What are the reasons for referral and what do you hope to achieve from the CPS Program? *(Please elaborate below)*

Are you currently working with any services/supports? ☐ Yes ☐ No

Have you previously worked with a service? Yes ☐ *(If "Yes" please elaborate below)* ☐ No

What are your family strengths? *(Please elaborate below)*.

Are there safety or health issues the CPS Worker should be aware of? ☐ Yes ☐ No

(Please elaborate below or, if you'd prefer, you can discuss directly with the CPS Worker).

Domestic Violence	Family Conflict	Access to Weapons	Substance Use	Abuse or Neglect of Children
☐	☐	☐	☐	☐

Is your family currently involved with Child Protection and Family Support? Are there any Court Orders relating to your family? *(If "Yes" please elaborate below)*.

Consent to Release Information

Please note that the following consent needs to be signed by the parent/ carer. Referrals without signed consent will not be accepted.

This referral for (parent/carer's name/s) to the Uplyft CPS program has been made with my consent.

I understand and give consent for Uplyft to collect and store the information provided on its safe digital client management system. This includes the understanding that Uplyft may disclose de-identified information to the Australian Government Department of Social Services (DSS) for the administration of its Mental Health support services.

Uplyft will contact me after the referral has been received to arrange an initial meeting.

If this referral has been made by an agency/organisation, I also give consent for Uplyft to contact them to assist further in the intake/allocation process.

Name of referring agency (if applicable)

Name (parent/carer)

Signature (parent/carer)

Date