Grandcarer Case Management Service Referral Form

FOR–0460

Uplyft's Grandcarers Case Management Service is a program designed to offer support to new and existing Grandcarers. The program aims to build the capacity of Grandcarers to enhance the safety, health and wellbeing of their grandchildren. This program is a short-term intensive case management service which can provide support for a period of six weeks up to four months dependent on the needs of the family.

Participation in the program is voluntary, and Grandcarers can withdraw their consent to participate at any time.

Eligibility:
The service is available to Grandcarers who:

- Would like case management support to improve the overall health and wellbeing outcomes for their grandchildren.
- Meet the eligibility requirements of the Grandcarers Support Scheme
- Are participating voluntarily
- Are not currently engaged with another intensive case management service
- Do not have an active case with the Department of Communities (on a case by case basis)
- Have provided consent for this referral (if verbal consent, please provide date and record how this consent was received).

Completed referrals should be sent to the Grandcare Case Management Team via email: grandcarercasemanagement@uplyft.org.au.

For enquiries phone (08) 9245 2441 and ask to speak with the Coordinator of the program. An acknowledgement of your referral will be sent within two working days.

Reason for Referral (please choose one) –

☐ **New Grandcarer (child placed within the previous six months)**

☐ **Longer Term Case Management (support may be provided up to four months).**

Reason for Referral (Primary) *Please select the primary reason for seeking assistance*

☐	Physical health	☐	Mental health, wellbeing and self-care
☐	Grief & loss	☐	Legal issues
☐	Personal and family safety	☐	Carer capacity building
☐	Family functioning	☐	Community participation and networks
☐	Managing money	☐	Employment, education and training
☐	Disability	☐	Housing

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Family			
Grandcarer		Grandcarer	
DOB		DOB	
Gender	☐Male ☐Female ☐Diverse	Gender	☐Male ☐Female ☐Diverse
Address		Address	
Mobile		Mobile	
Email		Email	
Australian Aboriginal	☐Yes ☐No	Australian Aboriginal	☐Yes ☐No
Torres Strait Islander	☐Yes ☐No	Torres Strait Islander	☐Yes ☐No
Country of Birth		Country of Birth	
Cultural background		Cultural background	
Main language spoken at home?		Main language spoken at home?	
Interpreter requested	☐Yes ☐No	Interpreter requested	☐Yes ☐No
Significant other Adult			
Relationship to Child		Relationship to Child	
DOB		DOB	
Address		Address	
Mobile		Mobile	
Email		Email	
Australian Aboriginal	☐Yes ☐No	Australian Aboriginal	☐Yes ☐No
Torres Strait Islander	☐Yes ☐No	Torres Strait Islander	☐Yes ☐No
Interpreter requested	☐Yes ☐No	Interpreter requested	☐Yes ☐No

Children *(please provide details of the children below)*

Surname	First Name	DOB	Age	Gender Pronoun	CALD/ Ethnicity	Aboriginal	Torres Strait Islander
				Choose:			
Relationship to child							
Surname	**First Name**	**DOB**	**Age**	**Gender Pronoun**	**CALD/ Ethnicity**	**Aboriginal**	**Torres Strait Islander**
				Choose:			
Relationship to child							
Surname	**First Name**	**DOB**	**Age**	**Gender Pronoun**	**CALD/ Ethnicity**	**Aboriginal**	**Torres Strait Islander**
				Choose:			
Relationship to child							
Surname	**First Name**	**DOB**	**Age**	**Gender Pronoun**	**CALD/ Ethnicity**	**Aboriginal**	**Torres Strait Islander**
				Choose:			
Relationship to child							
Surname	**First Name**	**DOB**	**Age**	**Gender Pronoun**	**CALD/ Ethnicity**	**Aboriginal**	**Torres Strait Islander**
				Choose:			
Relationship to child							

Referrer			
Name		Agency	
Telephone Number		Email	
Date of Referral:			

Has the family agreed to this information being shared? ☐Yes ☐No

Referral Source			
Internal			**External**
☐	Uplyft Grandcare/GSS	☐	Self
☐	Another Uplyft program (please state below):	☐	Centrelink/Department of Human Services
		☐	Department of Communities
		☐	Grandcarers WA
		☐	Health
		☐	Other (please state below):

Safety	
Are there any known risks to a worker's safety in this family?	☐Yes ☐No
Are there any known risks to child or family safety in this family?	☐Yes ☐No
Are there any Legal orders in place?	☐Yes ☐No
If yes, please provide further details below: *(e.g. unrestrained pets, family members who smoke, history of family violence, FVRO etc*).	

Additional needs	
Is there any disability in the family?	☐Yes ☐No
Are there any barriers for the family accessing the service?	☐Yes ☐No
Would the family prefer to be seen at home, the office or another appropriate location that they are comfortable with? *(please advise family that home safety checks will be done prior to home visit).*	
Are there any health conditions in the family?	☐Yes ☐No
Are any of the children on a waitlist to be assessed to be diagnosed with a disability, or developmental/neurological condition?	☐Yes ☐No
Is anyone in the family linked in with NDIS Support?	☐Yes ☐No
If yes, please provide further details below: (*e.g. child on waitlist for assessment at Child Development service, Grandcarer has physical disability*).	

What are the current challenges that the Grandcarer family would like support with?
How will this additional support to the Grandcarer family positively impact on the wellbeing and development of their grandchild?
What are the families' strengths? What has worked well for them in the past?
Please list other agencies that are currently providing support to the family.

Is there anything else that you would like us to know about the family before we make contact? *(i.e. preferences regarding time of day to call).* Please provide information below:

Consent to Release Information

I _____

Insert name

give permission for Uplyft to exchange information with the agencies I nominate below in relation to Uplyft's work with my family.

1. _____
2. _____
3. _____

I also give Uplyft permission to collect and use the information for the purposes of program management and evaluation. ☐ Yes ☐ No

Do you consent to being contacted in future for surveys, research or evaluation exercises? ☐ Yes ☐ No

Signature

Date

Notification

The information that you provide on this form includes your personal information. Your personal information is protected by law, including the Privacy Act 1988. Your personal information collected on this form is used primarily for Uplyft's purposes. We use the information that you provide on this form to better understand the profile of the children and families referred to the GFCMS program, to help plan and improve services delivered and to make sure they are easy to access and delivering good outcomes for the local community.

You can find more information about the way the Uplyft will manage your personal information, including information about accessing and correcting personal information held on its client management system and making privacy complaints on the Uplyft website. For information about how and Uplyft manages your personal information, please contact us on (08) 92452441 or visit https://www.uplyft.org.au/utility/privacy-policy.