Referral to the Family and Community Support Program

Address: 20 Cobbler, Mirrabooka WA 6061

Welcome — before you refer

FaCS provides free, voluntary, culturally responsive support for people from culturally and linguistically diverse (CaLD) backgrounds. Submission of a referral does not guarantee acceptance of the case. All referrals are subject to an assessment. You will be notified once a decision has been made regarding your referral.

How to send this form: type into the fields using Adobe Acrobat Reader (free), your web browser or another PDF reader, save the completed PDF, and email it to **facs.referrals@mscwa.com.au**.

About FaCS

FaCS provides culturally responsive psychosocial counselling and support. We also offer advocacy and referral on behalf of clients to help them engage with other services and systems.

FaCS is not a mental health treatment service and does not provide clinical mental health assessment, diagnosis, or crisis intervention. Individuals requiring these supports should be referred to an appropriate mental health provider.

If your client is in crisis or at immediate risk, please contact 000.

Referrer details

Referring person's name

Agency / Role

Contact number

Email

Relationship to client (e.g. GP, caseworker, teacher, family member)

Date of referral (DD/MM/YYYY)

Client details — 1. Personal details

Family name

Given name

Preferred name

Date of birth (DD/MM/YYYY)

Age

Prefer to be referred as

○ She ○ He ○ They ○ Name only Other:

Gender

○ Female ○ Male ○ Diverse gender identity ○ Prefer not to say

Client details — 2. Contact & location

Address

Please be aware of the travel distance to our service — 20 Cobbler, Mirrabooka WA 6061 or 20 View St, North Perth, WA 6006.

Suburb

Postcode

Mobile / phone

Email

Travel to appointments

☐ Driving themselves ☐ Public transport ☐ Someone else can drive them

☐ Telehealth needed (available on case by case basis)

◯ Phone call ◯ Online session Other:

Client details — 3. Cultural & language

Country of birth

Date of arrival in Australia (if applicable)

Visa type / status

Main language spoken

Preferred language for communication

Interpreter needed?

◯ Yes ◯ No

Interpreter gender preference (if any)

◯ Female ◯ Male ◯ No preference

Client details — 4. Household & family

Family composition

Please tick the option that best describes the client's current household.

◯ Couple and dependent children
◯ Couple (no dependent children)
◯ Single person and dependent children
◯ Single person
◯ Grandparent raising grandchild(ren) — couple
◯ Grandparent raising grandchild(ren) — on their own
◯ Extended family / kinship arrangement
◯ Not stated / prefer not to say

Number of dependants (including children)

Other parent / co-parent details (only include if safe and relevant to this referral)

Name

Date of birth

Contact number

Reasons for referral and background

This section helps us develop a holistic understanding of the client.

A. Presenting issues and reason for referral

Tick all that apply, then tell us more below.

Presenting issues

- [ ] Family relationships / family conflict
- [ ] Mental health or emotional wellbeing concerns
- [ ] Settlement issues
- [ ] Financial hardship
- [ ] Social isolation
- [ ] Life skills and coping issues
- [ ] Grief and loss
- [ ] Practical skills
- [ ] Elder abuse
- [ ] Family and domestic violence (FDV) / coercive control
- [ ] Legal issues
- [ ] Visa issues
- [ ] Parenting concerns
- [ ] Safety concerns
- [ ] Personal development and self-esteem issues
- [ ] Physical health / medical issues
- [ ] Racism / discrimination / racial vilification

Other presenting issue (please specify)

Reasons for referral

Please provide as much detail as possible about the reasons for referral.

B. Other services involved with the client

Please tell us about any other services the client is currently engaged with. Tick all that apply.

- [ ] Mental health counselling / psychology
- [ ] FDV case management
- [ ] School / GP / hospital
- [ ] Financial counselling
- [ ] Legal Aid / community legal service
- [ ] AOD (alcohol and other drug) counselling
- [ ] Family dispute resolution service
- [ ] WA Police
- [ ] Aged care case management / My Aged Care
- [ ] Settlement services
- [ ] Centrelink / Medicare
- [ ] Housing support / tenancy service
- [ ] Migration agent / lawyer
- [ ] Trauma and torture counselling / support
- [ ] Disability support coordination / NDIS
- [ ] Family Court / Children's Court / Criminal Court
- [ ] Corrective Services

If you've ticked any of the above, please note the specific agency or worker, if known

Other services involved (please specify)

C. Psychological / emotional wellbeing context

Does the client have a diagnosed mental illness?	◯ Yes —		◯ No
Currently receiving mental health treatment or support?	◯ Yes —		◯ No
Any immediate risk concerns (e.g. suicide or self-harm)?	◯ Yes —		◯ No

D. Urgency and priority

Priority? Should this referral be treated as urgent?

◯ Yes ◯ No

If yes, please provide details explaining the urgency

Consent and safe contact

Consent

☐ The client is aware of and agrees to this referral. They understand FaCS is a voluntary service, understand what information is being shared, and consent to FaCS contacting them (and contacting the referrer if more information is needed).

Safe contact

Are there any safety concerns about contacting the client?

◯ Yes ◯ No

If yes, please provide details and any restrictions on contact methods or time

Thank you. Please save this completed PDF and email it to **facs.referrals@mscwa.com.au**.