

FOSTER CARE INITIAL REFERRAL FORM

CHILD(REN)'S INFORMATION

Child's Name:	DOB:	M/F	Ethnicity:
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Child's Name:	DOB:	M/F	Ethnicity:

Duration of Placement: _____ Legal Status: _____

Guardian: _____ Relation to child(ren): _____

MOTHER OF CHILD INFORMATION

Name: _____ Gender: _____ D.O.B.: _____

Address: _____ Ethnicity: _____

Home Telephone: _____ Mobile: _____

Access
Arrangements:

FATHER OF CHILD INFORMATION

Name: _____ Gender: _____ D.O.B.: _____

Address: _____ Ethnicity: _____

Home Telephone: _____ Mobile: _____

Access
Arrangements:

CYF SOCIAL WORKER INFORMATION

Social Worker Name: _____ Site: _____

DDI: _____ Mobile: _____

Fax: _____ Email: _____

Supervisor: _____ Date of Referral: _____

OTHER RELEVANT INFORMATION

Reason for
Referral:
*(including
information
from the most
recent FCG)*

Medical/
Dietary:

(including medication details)

Behavioural/
Emotional
needs:

Education:

Peer & Social Relationships:

Other siblings or significant family members:

Safety or risk taking behaviour.
(eg. sexualised behaviour, absconding, physical aggression)

Special Requirements: or further information.
(eg. court orders? potential concern for carers or child?)

Placement Preference:

Please attach:

- Individual Care Plan (if available - or within 3 working days of commencement of placement)
- Gateway Assessment (if available)
- Supporting documentation (that will assist with understanding need and placement matcing).

CYFs SW Signature: _____ Name: _____ Date: _____

STATEMENT OF CONFIDENTIALITY:

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