

BRIDGE and RAIFSS Referral/Intake Form

We are collecting personal information on the family to provide a service and support safety. This will not be used for any other purpose. Our privacy policy is available on our website www.centacarenq.org.au

Date:	Intake: <input type="checkbox"/> Walk in <input type="checkbox"/> Telephone <input type="checkbox"/> Referral	Intake Taken By: (internal only)
BRIDGE <input type="checkbox"/> Townsville <input type="checkbox"/> Ingham <input type="checkbox"/> Burdekin <input type="checkbox"/> Charters Towers <input type="checkbox"/> Mount Isa		RAIFSS <input type="checkbox"/> Normanton <input type="checkbox"/> Cloncurry
Client/Family Details		
Name	DOB	Gender
		<input type="checkbox"/> F <input type="checkbox"/> M
		<input type="checkbox"/> F <input type="checkbox"/> M
		<input type="checkbox"/> F <input type="checkbox"/> M
		<input type="checkbox"/> F <input type="checkbox"/> M
		<input type="checkbox"/> F <input type="checkbox"/> M
		<input type="checkbox"/> F <input type="checkbox"/> M
		<input type="checkbox"/> F <input type="checkbox"/> M
Contact Details: (Please tick best number to contact on)		
Phone number: Click or tap here to enter text.		Email: Click or tap here to enter text.
Is it okay to leave a message on these numbers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What time would be best to contact you? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		
Address:		
<input type="checkbox"/> dogs <input type="checkbox"/> locked gate		
Are there any cultural considerations that the service needs to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please specify.		
Program Eligibility:		
At least one child under 18 years <input type="checkbox"/>	The family consents to the referral <input type="checkbox"/>	
The child is not currently in need of ongoing Child Safety Interventions <input type="checkbox"/>	The family would benefit from access to family support interventions <input type="checkbox"/>	
Are you concerned about safety? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.		
Are there any Domestic and Family Violence Issues? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Is there a current DVO or Protection Order? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details of the order?		
Do you have a copy of the DVO or Protection Order? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a current safety plan? <input type="checkbox"/> Yes (please attach) <input type="checkbox"/> No		
Prompting questions:		
What is currently working well within the family?		

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What is/ has happened within the family that led to seeking support?

How do you think this is impacting the children?

What is the main goal and how can the service help to achieve this?

Are you accessing any other services:

☐ yes ☐ no

If yes, which services –

REFERRING AGENCY INFORMATION

Name:	Agency:
Phone:	Email:
What support does your service provide the client?	Will the service remain involved with the family?

CLIENT CONSENT (*MUST be completed if the family is being REFERRED*)

I consent to the referral be made to Centacare Bridge/RAIFSS Program and to be contacted by Centacare NQ Staff with regards to this referral.

Signed: _____

Date: _____

Or Verbal Consent Provided: ☐ Yes ☐ No

Completed referrals can be forwarded to:

iapractitioner@centacarenq.org.au