



Yulu-Burri-Ba

Aboriginal Corporation
for Community Health

**Aboriginal & Torres Strait Islander Community Health Service -
Family Wellbeing Service Referral Form** – email this referral form to

familywellbeing@ybb.com.au

For MMex referral Process : Send completed form TO : YBB Referral – Family Wellbeing (YBB)

Referring Organisation:	
Referrer Name:	
Referrer Contact Number:	Mobile:
Referrer Email:	
Referrer Address:	
Referral Date:	
Preferred Method Of Contact:	
Is the child or family in need of immediate protection:	
Presenting Reasons For Referral:	
<input type="checkbox"/> Parent and/or caregiver request for support	<input type="checkbox"/> Substance Misuse – child/ adolescent
<input type="checkbox"/> Child Behavioural Difficulties	<input type="checkbox"/> Substance Misuse – adult
<input type="checkbox"/> Parenting Skills	<input type="checkbox"/> Disability – child
<input type="checkbox"/> Parent / Caregiver stress	<input type="checkbox"/> Family Relationship Issues
<input type="checkbox"/> Family Conflict	<input type="checkbox"/> Limited Household Resources
<input type="checkbox"/> Family Violence	<input type="checkbox"/> Financial stress
<input type="checkbox"/> Housing /Accommodation	<input type="checkbox"/> Child Neglect- medical
<input type="checkbox"/> Mental Health/ Other Health Issues	<input type="checkbox"/> Child Neglect – social and emotional
<input type="checkbox"/> School attendance	<input type="checkbox"/> Social Isolation
	<input type="checkbox"/> Legal Matters
Family Contact Details:	
First Name:	
Surname:	
Gender:	
Date of Birth:	Age:
Ethnicity and Cultural Identity:	
<input type="checkbox"/> Aboriginal and Torres Strait Islander	<input type="checkbox"/> Torres Strait Islander
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Non-indigenous
Street Address:	



Suburb:		Postcode:		
Preferred contact number:				
Alternate contact number:				
Is it safe to leave a message on the numbers above?				
Name	Family Member	DOB	Gender	Address
Intended goals and outcomes that the referral is seeking:				



What best describes service/s being requested?

<input type="checkbox"/> Links to support: <input type="checkbox"/> Employment <input type="checkbox"/> Substance misuse		<input type="checkbox"/> Family Violence <input type="checkbox"/> Legal Services <input type="checkbox"/> Mental Health	<input type="checkbox"/> Housing/ Accommodation <input type="checkbox"/> Other specialist service Click or tap here to enter text.
<input type="checkbox"/> Advocacy, Information and Advice	<input type="checkbox"/> Material Aid / Brokerage		
<input type="checkbox"/> Behavioural Management - Child	<input type="checkbox"/> Cultural and Social Wellbeing Activities		
<input type="checkbox"/> Caregiver Support	<input type="checkbox"/> Parent/Child Relationship Support		
<input type="checkbox"/> Court Support	<input type="checkbox"/> Placement Prevention		
<input type="checkbox"/> Family Group Meeting	<input type="checkbox"/> Practical Parenting Skills and Education		
<input type="checkbox"/> Financial Management	<input type="checkbox"/> School/Education Support		

Any background information that will assist us to manage this referral:					
Are there any worker safety issues?					
Who initiated the referral?					
<input type="checkbox"/> Family/ Carer	<input type="checkbox"/> NGO	<input type="checkbox"/> Child Safety	<input type="checkbox"/> School	<input type="checkbox"/> YBB	<input type="checkbox"/> Other
Family Consent <input type="checkbox"/> The family is aware of the referral and has given their consent and are willing to engage with the Family Wellbeing Service. If not, why: Click here to enter text.					
Signature: _____			Date: _____		