Odyssey Victoria: Kids In Focus

Referral form

Please fill out this form and either email to kifreferrals@odyssey.org.au or fax to 9425 9537.

Important information: The KIF team meet to discuss referrals on Wednesday mornings. We will respond to referral suitability within 48 hours of our discussion. Please note that KIF have a waiting list and we will provide an estimated waitlist upon acceptance of referral.

Referrer/Agency details

Date of referral

Agency

Referrer's name

Email

Contact number

Client information

Family aware of the referral ☐ No ☐ Yes

Family contact number

Second contact number

Family address

Adult details

Full name	Pronoun	DOB	LGBTQIA+	Aboriginal or Torres Strait Islander	Living at family address
				☐ No ☐ Yes	☐ No ☐ Yes
				☐ No ☐ Yes	☐ No ☐ Yes

Child details

Full name	Pronoun	DOB	LGBTQIA+	Aboriginal or Torres Strait Islander	Living at family address
				☐ No ☐ Yes	☐ No ☐ Yes
				☐ No ☐ Yes	☐ No ☐ Yes
				☐ No ☐ Yes	☐ No ☐ Yes
				☐ No ☐ Yes	☐ No ☐ Yes
				☐ No ☐ Yes	☐ No ☐ Yes

Cultural details

Country of birth / residency status

Interpreter required

☐ No ☐ Yes

Do you require an Aboriginal culturally specific service/s or worker?

☐ No ☐ Yes

Religion / faith / cultural identity

Referral information

Reasons for referral to Kids in Focus

Outline the reasons the family are being referred to this program.

Alcohol and drug use

Describe current use, history of use, and any concerns.

Mental health

Describe any history or current mental health concerns, including diagnosis if applicable.

Court orders/Legal

e.g. Child Protection orders, Intervention orders, Corrections orders and the conditions of all orders. Please include any upcoming court dates.

Referral information

Is family currently experiencing family violence ☐ No ☐ Yes

Is there an Intervention Order in place? ☐ No ☐ Yes

Types of violence being perpetrated

Please describe types of violence being perpetrated eg. physical, emotional psychological, financial, spiritual, cultural etc.

MARAM risk assessment completed? ☐ No ☐ Yes

Perpetrator/s name

Perpetrator's patterns of behaviour

Please describe patterns of behaviour eg. name calling, yelling, pushing, hitting, stalking, undermining parenting, interfering with treatment, controlling finances etc.

Adult Survivor's protective factors and parenting strengths

e.g. harm reduction, engagement with services, safety planning

Referral information

Parenting challenges

Describe any difficulties the family are struggling with in relation to parenting.

Children's needs

Outline current circumstances for the children, including any strengths, concerns regarding health or development, and any history or current trauma or abuse.

Family strengths

Describe what is working well for the family, their strengths, and positive supports.

Additional information

Please identify if any of the below are applicable, and if so provide description/detail in the space provided.

Family violence pattern history? i.e. previous partners

☐ No ☐ Yes

Child protection

☐ No ☐ Yes

Housing issues

☐ No ☐ Yes

Financial issues

☐ No ☐ Yes

Disability/accesibility needs

☐ No ☐ Yes

Worker safety concerns

☐ No ☐ Yes

Pets in the home

☐ No ☐ Yes

Anyone else living in the home not listed on this form

☐ No ☐ Yes

Parental history with child protection as children?

☐ No ☐ Yes

Parental history of family violence as children?

☐ No ☐ Yes

Formal and/or Informal Support Network

Please detail any other agencies involved with the family, and any informal supports the family have.

Name	Agency/relationship	Contact details