

HopeStreet – please indicate which centre:

Central Coast

Dubbo

Hunter

Inner City

South Coast

South West Sydney

Wagga Wagga

Western Sydney

Services will vary depending on site, and a fee may apply, [please check the website](#)

Referral Source

Referring Organisation:

Contact Name:

Phone:

Email:

Mobile:

Client Signature:

Referral Date:

Has the client been informed of this referral?: Yes No

Primary Client Details

First Name:

Last Name:

Date of Birth:

Gender:

Home Phone:

Mobile:

Email:

Address:

Safe to leave a message?: Yes No

Preferred Contact Method?:

Phone call Text Message Email

Service Requested

Reason for Referral. What are the current concerns?

Please include details of any DCJ involvement, including ROSH reports in the previous twelve months – what were the reported concerns and were they substantiated? Please include details of any interventions including therapies, other services involved, etc

Service Requested

Referral expectations including types of services discussed with client eg, counselling, case work, group work (written reports incur a fee) including any achievements and/or on-going work being supported by the referring service.

Client to pay

Some of our programs may occur a fee based on a sliding scale, eg. Facing Up, Brave Me and some counselling services.

Organisation funded

*An authority for payment form must be completed before any appointment is made.

Cancellation and Non-Arrival Policy

If an appointment is not kept or is cancelled applicants may need to wait additional weeks for next available appointment. All cancellations require 2 business days' notice or the full fee will be charged.

Other information

Domestic Family Sexual Violence (DFSV):
Is the relationship characterised by power and control?

Is there a current AVO in place?

Is there any current parenting orders/plans in place?

Court involvement/appearance/orders?

Alcohol or other drug (AOD)

Financial stress

Housing and/or accommodation needs

Physical needs that may impact on service delivery

Mental health

Disability

Children with complex or high needs which impact on the coping skills and personal resources of the family or parent(s)

Translator Required

Other

Worker Safety Issues

Are there any worker safety concerns?

Attachments

The following documents are attached to this referral form if completed

Domestic Violence
Safety Assessment
Tool (DVSAT)

Safety Plan

Risk Assessment

Genogram

Other (please list)

By completing this form, I agree that the person above has given permission for their details to be shared with BaptisCare HopeStreet, they understand that the information I have disclosed above will be recorded and held by BaptisCare HopeStreet and a full copy of their Privacy Policy is available to me on request

Where to send this referral

Please complete all appropriate sections and
Email the referral form and any other supporting documents to
HopeStreet-Referral@baptistcare.org.au