



SURVIVE & THRIVE

Survive & Thrive Program

REFERRAL FORM

Anglicare’s Survive and Thrive program supports families with children aged 0-12 years, to strengthen and maintain family relationships thus ensuring a child’s wellbeing. The Survive & Thrive program is funded by the DSS to provide holistic parenting support for vulnerable families **who do not meet risk of significant harm (ROSH)**.

Survive & Thrive incorporates Case Management services and Supported Playgroups.

Case Management:

- Parent education (1:1 or in a group setting)
- Service referral and advocacy
- Support in accessing other services
- Fortnightly home visits

- Supports are client-focussed and goal-driven to empower families to be the best they can be.
- All staff are mandatory reporters and child welfare is always our priority. All case management is confidential.

Supported Playgroups:

- Supported playgroups are for families already accessing the Survive & Thrive program. The focus is on parent attachment & engagement, early childhood education and school readiness, relating back to the ages & stages questionnaires.
- Transport is provided if needed
- Parent education courses and guest speakers throughout the year.

Does this referral meet the target group criteria?

YES NO

If you are unsure if the referral meets our criteria, please phone 0419 845 303 to discuss if the referral is appropriate, or to receive assistance to identify other appropriate services.

Children’s Details

First Name	Surname	Date of Birth	Parent child resides with

Do any of the children have a disability or additional needs? *(Please provide details)*



Referrer Details

Name:		Date of Referral:	
Organisation:		Phone Number:	
Email:			

Parent/ Carer 1 Details

First Name:		Surname:	
Relationship to children:		Date of Birth:	
Cultural Identity:		Phone Number:	
Email Address:			
Residential Address:			
Does the parent/carer have a disability or additional needs? <i>(Please provide details)</i>			

Parent/ Carer 2 Details

First Name:		Surname:	
Relationship to children:		Date of Birth:	
Cultural Identity:		Phone Number:	
Email Address:			
Residential Address:			
Does the parent/carer have a disability or additional needs? <i>(Please provide details)</i>			

Family Background

Name of the parent/carer being referred to the program:			
Has the parent/family had involvement with DCJ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>(If yes, provide details below)</i>
Are there any court orders in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>(If yes, provide details below)</i>

Identified Vulnerabilities *(Please tick all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Lack of social support or extended family | <input type="checkbox"/> Illness (including mental health issues) |
| <input type="checkbox"/> Managing children's behaviour | <input type="checkbox"/> Cultural barriers |
| <input type="checkbox"/> Family and domestic violence | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Relationship issues with children | <input type="checkbox"/> Parental learning difficulties |
| <input type="checkbox"/> Other <i>(Please provide details below)</i> | |

Service Components Requested *(Please tick all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Practical Skills Development: |
| <input type="checkbox"/> Supported Playgroup | <input type="checkbox"/> <i>financial skills & budgeting</i> |
| <input type="checkbox"/> Parent Skills Development: | <input type="checkbox"/> <i>nutrition and providing family meals</i> |
| <input type="checkbox"/> <i>parenting skills, info & practical support</i> | <input type="checkbox"/> <i>household management</i> |
| <input type="checkbox"/> <i>parent education</i> | <input type="checkbox"/> <i>family management (eg routines)</i> |
| <input type="checkbox"/> <i>building relationships with children</i> | |

Case Management Details

 Will you or your agency continue to work with this family or members of this family? *(Please provide details)*

Who is the appropriate contact person in your agency for follow up and contact regarding this referral?

 Are you aware of any other services that this family is currently accessing? *(Please list below)***Worker Safety Information**

 Have you visited the family at their home? YES NO

Are you aware of any worker safety risk factors associated with working with this family or visiting their home?



Client Consent

I consent to this referral being made to Anglicare's Survive & Thrive Program in Wagga Wagga. I have read the information provided in this referral, and I consent to the exchange of relevant information about myself and my family between the organisation making this referral.

Signature:		Date:	
Client Name:			

If written consent from the client being referred can not be obtained, has verbal consent been obtained?

YES NO

Please note: the Survive & Thrive Program cannot accept referrals without consent from the person being referred.

Referrer Authorisation

Signature:		Date:	
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Please forward this completed referral form to Jasmine Woodland

Senior Coordinator Child and Family Services, Anglicare NSW South, NSW West & ACT.

Email: jasmine.woodland@anglicare.com.au

Thank you for forwarding this referral onto Anglicare, our team will advise you of the outcome of this referral.

For further enquiries about the program, please call 0419 845 303.