PO Box 3263
CAROLINE SPRINGS
VIC 3023

REBUILD FAMILY SERVICES REFERRAL FORM

Each parent is required to complete this form and return it, along with a copy of your driver's license for identification purposes.

An intake interview will be arranged once both forms have been received.

Services Required

Please tick all that apply

- ☐ Supervised Contact Visit Off-Site
- ☐ Facilitated Changeover Off-Site
- ☐ Virtual Visit

Requested Starting Date:

Applicant Details

Name:

Address:

Mobile Phone:

Home Phone:

Email Address:

Driver's License Number:

Car Make and Model:

(Please include a photocopy for identification purposes)

Car Registration Number:

Relationship to Child/ren:

- ☐ Father
- ☐ Mother
- ☐ Other – Please specify

Emergency Contact Details for Applicant

Name:

Contact Number:

Relationship to Applicant:

Do you currently have a partner?

- ☐ No
- ☐ Yes, not living together
- ☑ Yes, living together

Partner's Name (if yes above):

Cultural Information

Are you of Aboriginal or Torres Strait Islander origin?

- ☐ Neither
- ☐ Yes, Aboriginal
- ☐ Yes, Torres Strait
- ☐ Islander Yes, both
- ☐ Prefer not to answer

Ethnicity

Language/s spoken at home:

Interpreter Required?

- ☐ No
- ☐ Yes – Please specify type of interpreter required:

Details of Child(ren) Requiring Visitation

Number of children supervised visits is required for? *(please provide children details below)*

1. Child's Name	Date of Birth	M ☐ F ☐
2. Child's Name	Date of Birth	M ☐ F ☐
3. Child's Name	Date of Birth	M ☐ F ☐
4. Child's Name	Date of Birth	M ☐ F ☐

For any of the Children listed above, please answer the following questions and please state which child it relates to:

Who do the children currently reside with?

You ☐ Other Parent ☐ Other

please provide details

If any of the children have allergies, please provide details below

Provide any relevant health-related information for any of the children?

(e.g. physical / learning disability / impairments / mental health diagnosis)

Are any of the children on prescribed medication? If so, please state what this is?

(Please Note: Rebuild Family Services staff will not administer any medication; prior arrangements need to be organised)

Have the children ever received psychological intervention YES ☐ NO ☑

Have psychological assessments or reports been completed for any of the children? YES ☐ NO ☐

If yes, please state if these can be made available to Rebuild Family Services . YES ☐ NO ☐

Details of Current Orders / interventions

Is child protection currently involved with your family / children? If yes, please state what action / intervention has taken place?

YES ☐ NO ☑

Child Protection Details:

Case Manager:

Location:

Ph:

Email:

Are you or the other parent currently on a Community Corrections Order or a Parole Order?

N/A ☑ You Order Type Other Parent Order Type

Are there Criminal Charges pending? N/A ☐ You ☐ Other Parent ☑

What are the pending charges?

Have there been any charges, convictions, findings of guilt or allegation of sexual abuse?

N/A ☐ YES – You ☐ YES - Other Parent ☐

Please state nature of allegations / charges / conviction?

Actions / current investigation or outcomes in relation to the above?

Is there a current Family Court or Children's Court Order in place?

No ☐ Yes ☐

If yes, what are the proposed parenting / custody arrangements?

Family Court Location:

Next Court Date: Hearing Type:

Do you have legal representation Yes ☐ NO ☐

Details of your Legal Representative:

Law Firm:

Name of lawyer:

Contact Number: Email:

Postal Address:

Does the other parent's have legal representation? Yes ☐ NO ☐

Other parents - Details of Legal Representative; (if known)

Law Firm:

Name of Lawyer:

Contact Number:

Email:

Postal Address:

Details of Independent children's Lawyer (If appointed)

Law Firm:

Name:

Contact Number:

Email:

Postal Address:

Please state who will pay for the visitation? *(please refer to fee schedule)*

Below information is used for the purposes of providing support and assistance during visitation and ensure that Rebuild Family Services can provide a beneficial service.

Please state any relevant health related information (e.g. physical disability / learning disability Impairments / mental health diagnosis) in relation to yourself and/or the other parent? (if known)

Do you or the other parent have any current or prior drug use?

You: N/A ☐ Current Use ☐ Previous ☐

Other Parent: N/A ☐ Current Use ☐ Previous ☐

If Yes / or prior issues, how has this been addressed and are you and / or the other parent currently on any prescribed medication to manage the drug use?

Are there any requirements to undertake drug screens?

N/A ☐ Yes-You ☐ Yes- Other Parent ☐

Do you or the other parent have any current or prior issues with problematic Alcohol use?

You: N/A ☐ Current Use ☐ Previous ☐

Other Parent: N/A ☐ Current Use ☐ Previous ☐

If Yes / or prior issues, how has this been addressed and are you and / or the other parent currently on any prescribed medication to manage the Alcohol use?

Please state if there are any concerns towards you or the other parent's behavior around?

	You	Other Parent.
Stalking / Family Violence	☐	☐
Verbal Abuse	☐	☐
Physical Abuse	☐	☐
Drug Use	☐	☐
Alcohol Use	☐	☐
Psychological / Emotional Harm	☐	☐
Breach Family Violence Orders	☐	☐
Weapon Use	☐	☐

Other – Please Specify:

Please provide details of any current Family Violence Intervention Orders.(i.e. commencement / expirary date, who are the protected person(s) on the order)

Have any of the above concerns been reported? if so, to whom and what has been the outcome? *(including any interventions undertaken or recommendations)*

Please state any concerns you have for your child or yourself during supervised visits?

Please state what your requirements / preferences are (or as set out in parenting / court orders) and suitable days / times / frequency / venue for your child(ren) supervised visits?

Once this referral form has been received and reviewed, Rebuild Family Services will need you to provide all required documentation prior to making a decision to progress to an in-take assessment. Please state below which documents you will be able to provide on request. Please note; the purpose of these documentation are to assess suitability for Rebuild Family Services child contact services, provide an effective and safe child focused Services. Originals not required.

Family Violence Intervention Order	N/A ☐	Unable to Provide ☐	I can provide ☐
Police Charges	N/A ☐	Unable to Provide ☐	I can provide ☐
Family Court Order	N/A ☐	Unable to Provide ☐	I can provide ☐
Court Report	N/A ☐	Unable to Provide ☐	I can provide ☐
Child Protection (reports/parenting plans etc.)	N/A ☐	Unable to Provide ☐	I can provide ☐
Drug Screens	N/A ☐	Unable to Provide ☐	I can provide ☐
Psychiatric or Psychological Reports or Assessments	N/A ☐	Unable to Provide ☐	I can provide ☐

Please state any other information that you feel will assist this referral.

Client Consent

I (insert name) agree to all terms and conditions of the Rebuild Family Services as outlined on this form. Should this referral progress to intake, that service provision is conditional on the terms and conditions set out in the service agreement. I understand that further information may be required on receipt of this referral and will be contacted by Rebuild Family Services.

Signature:

Full Name: Date:

What Happens next?

Rebuild Family Services requires referral forms from both parents or significant others to be completed for an initial screening, after which suitable applicants will be required to attend a mandatory intake interview. At the interview, additional information will be obtained, and you will be required to sign a Service Agreement form; by signing the agreement, you agree to the terms and conditions set out for the use of Rebuild Family Services. Thank you for your interest in using Rebuild Family Services and for the information you have provided to assist in the initial assessment of your referral.