



SASS Referral

COVID-19 – Continuation of SASS Services

Given the continually evolving health situation around COVID-19 (Coronavirus), we at SASS have had to implement strategies and measures to keep our staff, clients and the wider community safe.

SASS will no longer be able to provide face to face client contact until further notice. We can however, continue to provide counselling and support via other mediums such as phone, email or video conferencing tools where appropriate.

SASS is still accepting new referrals at this time. With all new referrals, staff will contact either the referrer or the client to ascertain how the current health situation will affect their engagement with SASS, and what communication platform will best suit the referred client and their situation.

As such, can you please complete the following information in addition to the regular referral form.

Please be assured that SASS staff are working hard during this unpredictable time, to continue to operate and provide support to all of our new and existing clients.

Thank you for your understanding,
SASS Management and Staff

What days best suit you to engage with a SASS Counsellor?	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> No Preference
What times (approximate) best suit you to engage with a SASS Counsellor?	<input type="checkbox"/> 9am – 11am <input type="checkbox"/> 11am – 1pm <input type="checkbox"/> 1pm – 3pm <input type="checkbox"/> 3pm – 5pm <input type="checkbox"/> No preference
What communication platform would best suit you?	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Video Conferencing (SASS can help you set this up through <i>Lifesize</i>) <input type="checkbox"/> Other – please detail:
What style of support would you prefer?	<input type="checkbox"/> Brief general check-ins (15 – 30 mins) <input type="checkbox"/> Regular 1 hour sessions <input type="checkbox"/> Unsure at this stage
How often would you like to be engaged with SASS counselling?	<input type="checkbox"/> Weekly (will depend on counsellor’s capacity) <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly



Please email completed form to: referrals@sass.org.au

Date of Referral:	Referring Person/Agency:	Referrer Contact Details:	
Is client aware of referral: Y <input type="checkbox"/> N <input type="checkbox"/>		Referral taken by:	
Has the client accessed SASS previously? Yes? <input type="checkbox"/> No? <input type="checkbox"/>		Redress Scheme Client: Y <input type="checkbox"/> N <input type="checkbox"/>	
Legal Orders in place: <input type="checkbox"/> Child Protection <input type="checkbox"/> Family Court If yes, what type:			
Have any of the following taken place: <input type="checkbox"/> Police Involvement <input type="checkbox"/> Forensic Medical Examination <input type="checkbox"/> Other			
Has the client (adult or child) experienced or witnessed Family Violence? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, is this: <input type="checkbox"/> Current <input type="checkbox"/> Historic			
How did the client hear about SASS? <input type="checkbox"/> Child Safety Service <input type="checkbox"/> Education/School <input type="checkbox"/> Internet Search <input type="checkbox"/> Interstate service <input type="checkbox"/> Medical Practitioner/Health <input type="checkbox"/> NDIS/Disability Service <input type="checkbox"/> NGO service <input type="checkbox"/> Other <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Past client <input type="checkbox"/> Police/Legal/Justice <input type="checkbox"/> Prison <input type="checkbox"/> Psychologist/Counsellor <input type="checkbox"/> Redress Scheme/Knowmore <input type="checkbox"/> Television			
ADULT CLIENT			
Name:	Gender: M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	Date of Birth:	Age in years:
Safe contact details (landline, mobile & email- circle preferred form of contact):		Aboriginal or Torres Strait Islander Y <input type="checkbox"/> N <input type="checkbox"/>	
Support Person contact details:			
Disability Y <input type="checkbox"/> N <input type="checkbox"/> Prefer not to say <input type="checkbox"/> If yes, are there any access issues?			
Residential Address:		Is this a safe form of contact? Y <input type="checkbox"/> N <input type="checkbox"/>	
Postal address:		Is this a safe form of contact? Y <input type="checkbox"/> N <input type="checkbox"/>	
Who else is living in the home?			
CHILD/ADOLESCENT CLIENT			
Name:	Gender:	Date of Birth:	Age in years:
		Aboriginal or Torres Strait Islander Y <input type="checkbox"/> N <input type="checkbox"/>	
Disability Y <input type="checkbox"/> N <input type="checkbox"/> Prefer not to say <input type="checkbox"/> If yes, are there any access issues?			
Residential Address:		Is this a safe form of contact? Y <input type="checkbox"/> N <input type="checkbox"/>	
Postal address:		Is this a safe form of contact? Y <input type="checkbox"/> N <input type="checkbox"/>	
Who is the child current living with (i.e. foster carer/kinship carer/biological parent/s):			

Who else is living in the home?	
Primary contact for child/adolescent: Relationship to child:	Contact details (landline, mobile & email - circle preferred form of contact):

Referral Details

What are the presenting issues for the client?	•
Please provide details of the sexual assault/PSB history (if possible)?	•
What are the client's key difficulties at present? (i.e. mental health/self harm/drug & alcohol/homelessness etc)	•
Is client currently safe from further sexual assault/abuse?	•
What is the client's support network (both social and professional)?	•
Has a Child Protection Notification been made? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	If so mandatory notification made by: Record date and name of CPS Worker (if known):
What are the client's strengths/ current coping strategies?	•
What support does the client need from SASS? (e.g.: counselling, court, police report)	•
Is this a First Disclosure?	

Accessing SASS

Why now? What's changed? What made you ring today?	•
Does the client need support to access SASS? (e.g. disability, interpreter, support person, medical, cultural, anxiety/mental health, etc.)	
Are there any indications for safety issues for SASS workers with the client? (e.g. anger issues, psychosis, client views worker as threat etc.)	•
What are the best times/days for SASS appointments?	
Does the client prefer a female or male counsellor?	