



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

Date of Referral:		Referring Person/Agency:		Referrer Contact Details:	
Is client aware of the referral to the HSB Program? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>			Is client aware that the HSB program is delivered by SASS in conjunction with Mission Australia and information may be shared across these two agencies? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>		
Has the client accessed SASS previously? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>					
Legal Orders in place: <input type="checkbox"/> Child Protection <input type="checkbox"/> Family Court If yes, what type?					
Who is the child/young person's legal guardian? <input type="checkbox"/> Parent <input type="checkbox"/> Child Safety Service <input type="checkbox"/> Other If other, please explain who?					
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"/> Prison <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Past client <input type="checkbox"/> Police/Legal/Justice <input type="checkbox"/> Psychologist/Counsellor <input type="checkbox"/> Redress Scheme/Knowmore <input type="checkbox"/> Television <input type="checkbox"/> Internet Search <input type="checkbox"/> Other					
CHILD OR YOUNG PERSON					
Name:		Gender:	Date of Birth:		Age in years:
		Aboriginal or Torres Strait Islander: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			
Disability: Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/> If yes, are there any access issues?					
Any other diagnosed presentations: <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) <input type="checkbox"/> Autism Spectrum Disorder (ASD) <input type="checkbox"/> Other: _____					
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:			Contact details (landline, mobile & email - circle preferred form of contact):		
Relationship to child:					
What school does the child/adolescent attend?					
Referral Details					

<p>Please provide details of the Problem/Harmful Sexual Behaviour (if possible)? (What has happened, frequency, duration of harm, is it escalating/deescalating, is there evidence of coercion?)</p>	
<p>What is the context of the behaviour? (At home, respite, school, elsewhere?)</p>	
<p>What was the child's/young person's response when behaviour was discovered? (Embarrassment, defensiveness, withdrawal etc.)</p>	
<p>What has been the family's reaction to this behaviour (minimizing, denying, wanting to get YP help)?</p>	
<p>Was the behaviour targeted towards someone else? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, please give details (Age, gender, relationship to victim, are there multiple victims, impact of HSB on the victim if known, learning/physical disabilities?).</p>	
<p>Is there any other non-sexual behaviour the young person has or is engaging in (e.g. criminal, antisocial etc.)? If so please describe.</p>	
<p>Please provide a brief summary of the family history/dynamics, including key relationships for the young person in the family e.g. grandfather, mother, siblings etc. Are these relationships and connections seen to be positive?</p>	
<p>Has the child or young person experienced or witnessed Family Violence? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, is this: <input type="checkbox"/> Current <input type="checkbox"/> Historic</p>	
<p>Has a Child Protection Notification been made? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>	<p>Record date and name of CSS Worker (if known):</p>
<p>Have police been made aware of this matter? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, which police officer/station is involved?</p>	
<p>What are the child's/young person's strengths/ current coping strategies and support network (social and professional)?</p>	
<p>What support does the child/young person need from SASS? (e.g.</p>	

counselling, court support, police report)	
Is this a First Disclosure? How was the HSB discovered? What has changed since the HSB was discovered?	
Accessing SASS	
Does the client need support to access SASS? (e.g. disability, interpreter, support person etc.)	
Are there any potential safety issues for SASS counsellors to be aware of? (e.g. anger issues, psychosis, safety of other clients)	
What are the best times/days for SASS appointments?	
Does the client prefer a female or male counsellor? Female <input type="checkbox"/> Male <input type="checkbox"/> Either <input type="checkbox"/> Unknown <input type="checkbox"/>	