



SASS Referral

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):			

Address: 31-33 Tower Road, New Town, 7008 Phone: (03) 6231 0044 24/7 MY SUPPORT: 1800 697 877

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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?	