



## SASS Referral

Please email completed form to: [referrals@sass.org.au](mailto: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:  Child Protection  Family Court  
If yes, what type:

Have any of the following taken place:  
 Police Involvement  Forensic Medical Examination  Other

Has the client (adult or child) experienced or witnessed Family Violence? Y  N   
If yes, is this:  Current  Historic

How did the client hear about SASS?  
 Child Safety Service  Education/School  Internet Search  Interstate service  Medical Practitioner/Health  
 NDIS/Disability Service  NGO service  Other  Parent/Guardian  Past client  Police/Legal/Justice  
 Prison  Psychologist/Counsellor  Redress Scheme/Knowmore  Television

### ADULT CLIENT

Name:	Gender: M <input type="checkbox"/> F <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/>	Preferred pronouns: He/Him/His <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/>	Date of Birth:	Age in years:
			Aboriginal or Torres Strait Islander Y <input type="checkbox"/> N <input type="checkbox"/>	

Safe contact details (landline, mobile & email- circle preferred form of contact):	Support Person contact details:
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Disability Y  N  Prefer not to say   
If yes, are there any access issues?

Residential Address:	Is this a safe form of contact? Y <input type="checkbox"/> N <input type="checkbox"/>
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Postal address:	Is this a safe form of contact? Y <input type="checkbox"/> N <input type="checkbox"/>
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Who else is living in the home?

### CHILD/ADOLESCENT CLIENT

Name:	Gender: M <input type="checkbox"/> F <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/>	Preferred pronouns: He/Him/His <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/>	Date of Birth:	Age in years:
			Aboriginal or Torres Strait Islander Y <input type="checkbox"/> N <input type="checkbox"/>	

Disability Y  N  Prefer not to say   
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):
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### Referral Details

What are the presenting issues for the client?

Please provide details of the sexual assault/PSB history (if possible)?

Did the abuse include any technology-facilitated abuse?	If yes, did it involve: <input type="checkbox"/> Coercive control <input type="checkbox"/> Image based <input type="checkbox"/> Online <input type="checkbox"/> Online and image based <input type="checkbox"/> Stalking/monitoring <input type="checkbox"/> Other (please describe)
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What are the client's key difficulties at present? (i.e. mental health/self harm/drug & alcohol/homelessness etc)

Are there any safety issues for the client? (ie threat of further sexual assault/abuse, etc)

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	Record date and name of CPS Worker (if known):
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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 counsellor of a particular gender?	