

PARENTING PLUS Referral Form



Date: ___/___/___ Email to referppsouth@qec.org.au

Referring professional	Please fill in details
Agency	
Address	
Phone Number	
Fax	
Email	

THE FAMILY

Parents	Name	DOB	Address	Contact No
Primary Carer				
Email:				
Aboriginal* Yes <input type="checkbox"/> No <input type="checkbox"/>				
*For this form Aboriginal refers to both Aboriginal and Torres Strait Islander Peoples				
Secondary Carer				
Email:				
Aboriginal* Yes <input type="checkbox"/> No <input type="checkbox"/>				
*For this form Aboriginal refers to both Aboriginal and Torres Strait Islander Peoples				
Married <input type="checkbox"/>	Single <input type="checkbox"/>	Separated <input type="checkbox"/>	Defacto <input type="checkbox"/>	
Child			Address if different to carer:	
Aboriginal* Yes <input type="checkbox"/> No <input type="checkbox"/>				
*For this form Aboriginal refers to both Aboriginal and Torres Strait Islander Peoples				
Brother & Sisters		Other important people in the family's life		

OTHER SERVICES THE FAMILY IS USING SUCH AS MCHN OR ENHANCED HOME VISITING

Service	What they do

CRITERIA OF ENTRY INTO PARENTING PLUS

THIS FAMILY HAS;

- 1. A CHILD UNDER 4 YEARS Yes
- 2. ACUTE EARLY PARENTING PROBLEMS Yes
- 3. CURRENT INVOLVEMENT WITH CHILD PROTECTION Yes No
- 4. REFUGEE Yes No
- 5. CALD (CULTURAL AND LINGUISTIC DIVERSITY) Yes No

TICK ONE OR MORE OF THE FOLLOWING:

- | | |
|--|---|
| <input type="checkbox"/> Meeting child's emotional needs | <input type="checkbox"/> Meeting child's social needs |
| <input type="checkbox"/> Meeting child's physical needs | <input type="checkbox"/> Meeting child's cognitive/intellectual needs |

Please provide details of observed parenting practice difficulties to show how this is evidenced:

PLEASE TICK IF ANY OF THESE FAMILY SPECIFIC RISK FACTORS ARE PRESENT WITHIN THE FAMILY

- | | |
|--|--|
| <input type="checkbox"/> Disability | <input type="checkbox"/> An offending pattern |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Chronic or low functioning family |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Teenage parent without support |
| <input type="checkbox"/> Severe budgeting and financial difficulties | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Abuse or neglect | <input type="checkbox"/> Challenging behaviours* |

Please provide details of risk factors and observed impact on parenting practice to show how this is evidenced:

IF THE FAMILY CONFORMS TO THE ABOVE CRITERIA, THEY MAY BE ELIGIBLE FOR PARENTING PLUS.

IS THERE ANY OTHER INFORMATION RELEVANT TO THE FAMILY? Yes No

If so, please provide details:



*Challenging behaviours is where a child or family member displays behaviours, which place them and/or others at risk. These behaviours can be oriented towards others or be self-oriented.