### **VACCA Referral and Intake Form**Strong and Deadly Boorais (SDB)*Education Support for Children in Care*

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| Personal Information: |
| First/Middle Name: |  | Last Name: |  |
| Date of Birth: |  | Preferred Name: |  |
| Client Email: |  | Client Phone: |  |
| Current Address: |  |
| CRIS Number: |  |
| Court Order Type: |  |
| School: |  | Year Level: |  |
| *Use your professional judgement to decide if it is safe and appropriate to request the following information. Cultural safety, the right to self-determination, and the purpose of collecting gender-specific information must be considered.* |
| Gender Identity: | [ ] Female [ ] Male [ ] Non-Binary [ ] Intersex [ ] Sistergirl [ ] Brotherboy |
|  | [ ] Transgender Female [ ] Transgender Male [ ] Prefer not to say |
|  | [ ] Self-Describe: |  |
| Pronouns: | [ ] She/Her [ ] He/Him [ ] They/Them [ ] Name Only  |
|  | [ ] Self-Describe: |  |
| Sexual Orientation: (if age appropriate) | [ ] Heterosexual [ ] Gay [ ] Lesbian [ ] Bisexual [ ] Asexual [ ] Queer[ ] Unsure/Questioning [ ] Prefer not to say |
|  | [ ] Self-Describe: |  |

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| Cultural Information  |
| Cultural Identity: | [ ] Aboriginal | [ ] Torres Strait Islander | [ ] Both | [ ] Neither |
| Country of Birth: |  |
| Australian Citizen: | [ ]  Yes [ ]  No |
| Tribe/Mob: (if known) |  |
| Totem: (if known) |  |
| Are they engaged with their community? | [ ]  Yes [ ]  No |
| If yes, please tell us more: |  |
| If not already linked in with their community, do they wanted to be linked? | [ ]  Yes [ ]  No [ ]  Unsure |
| Does the child/young person have a CSP? | [ ]  Yes [ ]  No |

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| Communication Needs |
| Language(s) Spoken: |  |
| Interpreter required? | [ ]  Yes [ ]  No |
| Communication support required? (e.g. hearing, speaking, reading, or writing) | [ ]  Yes [ ]  No | Details: |  |
| Would the client like an advocate / support person? | [ ]  Yes [ ]  No | Details: |  |

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| Reason for Referral  |
| *E.g. Eligibility, benefit for the child, historical and current involvement with educational supports, engagement with other programs, alignment with care plans and education plans, consultation with relevant professionals including LOOKOUT, consent (when required).* |
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| Significant Recent Developments |
| *Any recent developments impacting on school engagement and placement stability.* |
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| Strengths and Interests |
| *What are some of the child/young person’s strengths and interests?* |
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|  Current Carer Details |
| Carer 1 | Carer 2 (if applicable) |
| Full Name: |  | Full Name: |  |
| Address: |  | Address: |  |
| Phone 1: |  | Phone 1: |  |
| Phone 2: |  | Phone 2: |  |
| Email: |  | Email: |  |
| Carer’s Voice Tool available? | ☐ Yes ☐ No | Carer’s Voice Tool available? | ☐ Yes ☐ No |

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|  Placement Details |
| Placement Type:  | ☐ Kinship Care | ☐ Foster Care | ☐ Residential Care | ☐ Lead Tenant |
| Court Order Type: | ☐ Family Preservation Order |
|  | ☐ Family Reunification Order |
|  | ☐ Care by Secretary Order |
|  | ☐ Permanent Care Order |
|  | ☐ Long Term Guardianship to Secretary Order |

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| Case Management Details |
| Case management arrangement:  | ☐ Contracted  | ☐ DFFH  | ☐ Nugel/ACAC  |
| Currently participating in care team? | ☐ Yes  ☐ No |
| **Agency Contracted Case Manager** | **Child Protection or Nugel Practitioner** |
| Name: |  | Name: |  |
| Agency: |  | Branch/Area, Division: |  |
| Email: |  | Email: |  |
| Phone: |  | Phone: |  |

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| Family and Significant Others |
| **Name** | **Relationship to client** | **DOB** | **Email** | **Phone** |
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| Additional Supports |
| **Name** | **Role** | **Organisation** | **Contact details** |
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| Justice |
| Is the child/young person on a Youth Justice (YJ) Order? | [ ]  Yes [ ]  No [ ]  Unsure |
| If Yes, details of current YJ Worker: |  |

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| Physical and Mental Health Information |
| Does the child/young person have any **physical health issues** that could impact their day-to-day activities? (E.g. asthma, diabetes, allergies, etc.) | [ ]  Yes [ ]  No |
| If Yes, please provide details: (inc. medication and management) |  |
| Does the child/young person have any **diagnoses** that could impact their day-to-day activities? (E.g. ADHD, ASD, ODD, GDD, RAD, etc.) | [ ]  Yes [ ]  No |
| If Yes, please provide details: (inc. medication and management) |  |
| Does the child/young person have any **mental health issues** that could impact their day-to-day activities? (E.g. depression, anxiety, PTSD, eating disorder, addictive behaviours, etc.) | [ ]  Yes [ ]  No |
| If Yes, please provide details: (inc. medication and management) |  |
| **Self-Harm and Suicidal Ideations** |
| If any, please provide details: |  |
| Is VACCA’s Healing Team (ACHT) involved with the child/young person? | [ ]  Yes [ ]  No |
| Does the child/young person have any behaviours they would need assistance with? | [ ]  Yes [ ]  No |
| If Yes, please provide details: |  |
| **High Risk Behaviours** |
| If any, please provide details: |  |

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| Disability Information |
| Does the child/young person have any **disabilities?** | [ ]  Yes [ ]  No |
| If Yes, please provide details: |  |
| Is the child/young person a current client of **NDIS**? | [ ]  Yes [ ]  No |
| If Yes, please provide details:  |  |
| If No, have they **previously** been a client of the NDIS? | [ ]  Yes [ ]  No |
| If Yes, details of NDIS Worker: |  |
| Does the child/young person have an **NDIS plan**? | [ ]  Yes [ ]  No |
| Are there any **Allied Health Workers** involved? If Yes, please provide their details in the **Additional Supports** section of this form. | [ ]  Yes [ ]  No |
| Does the child/young person have **PSD funding**? | [ ]  Yes [ ]  No |
| If Yes, what level (1-6)? |  |

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| Current School / Education Programs |
| **School / Program Name** | **Contact Person** | **Start Date** | **Attendance History** | **Modified Timetable** | **Behavioural Concerns** |
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| School History |
| **School Name** | **Contact Person** | **Date/Year Started** | **Date/Year Finished** |
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| Education Needs and Supports |
| Does the child/young person have an IEP? | [ ]  Yes [ ]  No |
| Has the child/young person completed an ENA? | [ ]  Yes [ ]  No |
| If disengaged from school, do they have a reengagement plan? | [ ]  Yes [ ]  No |
| Has the child/young person been referred to a reengagement program? (E.g. TEACHaR, Navigator, etc.) | [ ]  Yes [ ]  No |
| Are there any other DE supports involved? (E.g KESOs, LOOKOUT, SSS)If Yes, please provide their details in the **Key Education Staff** section of this form (below). | [ ]  Yes [ ]  No |
| Has the child/young person had any other assessments? (E.g. neuropsychological assessment, speech pathology, etc.) | [ ]  Yes [ ]  No |
| If in high school, does the young person have a Career Action Plan? | [ ]  Yes [ ]  No |
| If in Year 9 or above, has the young person completed a Morrisby Assessment? | [ ]  Yes [ ]  No |

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| Key Education Staff |
| **Full Name** | **Role** | **Organisation** | **Email** |
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| Risk Factors / Safety Alerts |
| E.g. Worker Safety, Transporting Concerns, etc. |
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| Supporting Documents Included |

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| ☐ | Getting To Know Me / Child’s Voice | ☐ | Cultural Support Plan |
| ☐ | IEP | ☐ | Carer’s Voice Tool |
| ☐ | ENA | ☐ | School Reports |
| ☐ | BSP | ☐ | NAPLAN Reports |
| ☐ | Reengagement Plan | ☐ | Attendance Reports |
| ☐ | Modified Timetable | ☐ | Behaviour Reports |
| ☐ | Neuropsychological Assessment | ☐ | SSG Meeting Minutes |
| ☐ | Speech Pathology Reports | ☐ | Other: |  |

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| **Referrer Details** |
| Referrer Name:  |   | Organisation/Agency: |  |
| Signature:  |   | Date:  |   |
| **Referral endorsed by** (optional)  |
| Name:  |   | Role/Organisation: |  |
| Signature:  |   | Date:  |   |

**Application Checklist**

Please ensure that **all items** have been checked before submitting this application:

☐ The child/young person met the eligibility criteria.

☐ The child/young person agreed to the referral.

☐ Child Protection or Nugel/ACAC Team Leader endorsement has been obtained (not required if a carer, family member, school or other community members are making the referral; CP/ACAC endorsement can be obtained during assessment and intake).

☐ All relevant sections of the application form are complete.

☐ Additional information/supporting documentation provided to support application.

**Send Applications To**

Completed applications are to be sent to **sdb@vacca.org**. If the referral has been accepted, the VACCA SDB team will reply with an acceptance letter/email.

If the referral does not meet the Program’s criteria, the VACCA SDB team will reply with either a request for further information or a letter declining the referral. This letter will outline reasons for not accepting the referral and include information on other options for supporting the child/young person.

**Privacy Statement**

The personal and health information on this form is collected for the purposes of supplying the VACCA SDB team with the information required to best support the service. The information collected will only be disclosed to VACCA and used for the primary purpose intended. The information will not be disclosed to any other party unless required by law.

*The remainder of this Referral and Intake form is* ***for use by SDB staff only****.*

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| Assessment and Outcome: (SDB staff only) |
| *To be completed by the SDB Team Leader in consultation with the Program Manager.* |
| Date received:  |   |
| Checked by intake:  | ☐ Yes  | ☐ No  |
| Approval status:  | ☐ Approved       | ☐ Not approved  |
| Date applicant advised:  |   |

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| Assessment Summary: (SDB staff only) |
| Passions |
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| **Goals** |
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| **Tutor Allocation** |
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| **Any Further Comments** |
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| Completed by: |  |
| Date completed: |  |