REFERRAL TO A VICTORIAN EARLY PARENTING CENTRE

REFERRING AGENCY'S DETAILS

QEC: Noble Park **Fax: 9549 2779** **Email: theqec@qec.org.au**	**O'Connell: Canterbury** **Fax: 8416 7650** **Email: OFC_Reception@mercy.com.au**	**Tweddle: Footscray** **Fax: 9689 1922** **Email: tweddle@tweddle.org.au**

Is client booked at another EPC? (only one EPC booking per client)	□ **Yes** _____	□ **No**
Does the parent require an interpreter and if YES, what language?	□ **Yes** _____	□ **No**

	FIRST NAME	SURNAME	DOB	ADDRESS	PHONE NO.
Parent / Guardian Primary Caregiver			/ /		
Primary Carer Email Address:					
Partner / Support Person			/ /		
Child □F □M			/ /		
Other Siblings			/ /		
			/ /		
			/ /		
Marital Status	□ **Married** □ **Single** □ **Partner** □ **Separated** □ **Other**				

Name of Referrer:	**Agency:**
Address:	
Phone Number:	**Fax:**
Email:	**Date: / /**
Specific Program Request: (Criteria for programs apply)	

OTHER SERVICES CURRENTLY INVOLVED WITH FAMILY

Role/Service provided	Name	Address	Phone No
MCHN/EMCH Nurse			
GP			
Office Use Only	**Call Booked/Consult date: / /** □ **High Risk** □ **Mod Risk** □ **Low Risk**	□ **Advice Required** □ **Advice Not required**	**Staff Initials**
	□ **Pre Admission No Onsite Phone** **Date booked: / /**	□ **Residential** □ **Day Stay** □ **Parenting Group** **Date Booked: / /**	

CRITERIA FOR ENTRY INTO AN EARLY PARENTING CENTRE

Please provide sufficient details regarding the following questions to assist in prioritising this referral
This family has:

1.	**One or more child under 4 years**	□ **Yes**	□ **No**
2.	**Current involvement with Child Protection**	□ **Yes**	□ **No**
3.	**Current involvement with Child First**	□ **Yes**	□ **No**
4.	**Cradle to Kinder Client**	□ **Yes**	□ **No**
5.	**Aboriginal/Torres Strait Islander**	□ **Yes**	□ **No**
6.	**Refugee**	□ **Yes**	□ **No**
7.	**CALD (Cultural and Linguistic Diversity)**	□ **Yes**	□ **No**

8. Please indicate area of parenting challenges (tick one or more of the following)

- □ **Meeting child's emotional needs**
- □ **Meeting child's social needs**
- □ **Meeting child's physical needs**
- □ **Meeting child's cognitive/intellectual needs**

9. How does the parent perceive the parenting difficulty?

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10. Child Risk Factors (tick one or more of the following child specific risk factors)

- □ **Feeding concerns impacting on health**
- □ **> 5 Weeks premature**
- □ **< 2500 gm at birth**
- □ **Chronic illness (specify)**
- □ **Medication (Specify**)……..
- □ **Challenging Behaviour**
- □ **Disability**
- □ **Development concerns**

Comments

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11. Parental Risk Factors (tick one or more)

- □ **Physical Disability**
- □ **Chronic Illness**
- □ **Mental illness**
- □ **Family violence**
- □ **Severe budgeting and financial difficulties**
- □ **History of abuse/neglect as a child**
- □ **Low education attainment – Year 10 or less**
- □ **Intellectual Disability/Learning Difficulty**
- □ **Homelessness**
- □ **An offending pattern**
- □ **Teenage parent**
- □ **Substance misuse**
- □ **Single parent without support**
- □ **Isolation**
- □ **Previous Child Protection involvement with other children**
- □ **Medication (Specify)**_____

Provide details of risk factor/s and observed impact on parenting.

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The referral has been discussed with the parent and the parent has agreed to the referral.

Parent signature:…… Date: / /