



## Drug & Alcohol Recovery

### WINDANA FAMILY PROGRAM REFERRAL FORM

Windana Family Program is a flexible support program for parents or carer's of children where there is a substance use issue. It combines an understanding for alcohol and other drugs with a commitment to assisting clients to strengthen their parenting capacity.

#### Brief Intervention

Family Program offers information, advocacy, advice and referral for clients on a short term basis (3-4 visits).

#### Ongoing support

Families have children in their care fulltime or actively working towards reunification and require support.

#### Has client given consent for the:

- following information to be given to Windana Family Program  (Tick if yes)
- referral to be made to Windana Family Program  (Tick if yes)

Client Name		
DOB and CIMS		
Address		
Phone	Mobile:	Home:
Emergency Contact	Name: Phone Number:	Relationship:
Preferred contact method	Phone: Email:	SMS:

<b>Name of referrer</b>	Date:
Referring Program	
Email	
Phone	

<b>Indigenous/CALD status:</b> (please tick)	
Aboriginal but not TSI origin <input type="checkbox"/>	TSI but not Aboriginal origin <input type="checkbox"/>
Both aboriginal and TSI origin <input type="checkbox"/>	Neither Aboriginal nor TSI origin <input type="checkbox"/>
Not stated/indequately described <input type="checkbox"/>	CALD/ESL/Interprer required <input type="checkbox"/>

Names of children	DOB and age of children	Biological parent of children	Access/contact issues
<b>Who are the children residing with? (include contact details)</b>			
<b>Who lives in your household?</b>			

**What parenting support is required and why?**

GP name and contact details	
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**Please give details regarding:**

Other family or Community service program involved	Program: Contact:
Other supports client currently has.	
Current Legal Issues ie Child Protection, Family Court, IVO's or Criminal Matters	
Current or past substance use (including pharmacotherapy)	
Identified mental health diagnosis and support services	Diagnosis: Service: Contact:
Employment/ Current Study	

**What is the client's view of the referral?**

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**Please give other relevant details of the family situation:**

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**Are there any worker or client safety issues:**       Yes       No

**If yes, please explain:**