

MH - Cusp Referral Form

REFERRAL PROCESS

- Referral forms can be accessed from the Wanslea website – www.wanslea.org.au
- The first point of contact for referrals to the Cusp program is through the Duty Social Worker on Phone: 9245 2441: **8:30am – 5:00pm Monday to Friday.**
- Referrals can be emailed to dutysw@wanslea.org.au

The Cusp Program is a child focused, family centred and strengths-based program that aims to improve vulnerable children and young people's mental health outcomes.

Guidelines for referral to the Cusp program:

- Children and young people aged up to 18 years who are vulnerable to or experiencing the early stages of a mental health issue;
- Children or young person's involvement is voluntary;
- Parent/Guardian agreement for their child/ren's involvement in the Cusp program;
- Children and young people reside in the City of Wanneroo, City of Armadale or City of Gosnells;
- A completed referral form is required.

Wanslea's Mental Health programs are guided by the Australian Research Alliance for Children and Youth (ARACY) Common Approach. It provides a framework for the assessment, referral and support of children, young people and their families to improve their wellbeing.

Please direct all enquiries to the Duty Social Worker:
Phone (08) 9245 2441 or documents can be emailed dutysw@wanslea.org.au

Children (please provide details of the children below)

Surname	First Name	DOB	Age	M/F Diverse Gender Identity	Ethnicity	Aboriginal or Torres Strait Islander	Current living situation

Primary Reason for Referral - Please tick a primary reason for seeking assistance

Physical Health	<input type="checkbox"/>	Mental health, wellbeing and self-care	<input type="checkbox"/>
Personal and family safety	<input type="checkbox"/>	Age-appropriate development	<input type="checkbox"/>
Family functioning	<input type="checkbox"/>	Community participation and networks	<input type="checkbox"/>
Managing Money	<input type="checkbox"/>	Employment, education and training	<input type="checkbox"/>
Material wellbeing	<input type="checkbox"/>	Housing	<input type="checkbox"/>

Secondary Reason for Referral - Please tick a secondary reason for seeking assistance.

Physical Health	<input type="checkbox"/>	Mental health, wellbeing and self-care	<input type="checkbox"/>
Personal and family safety	<input type="checkbox"/>	Age-appropriate development	<input type="checkbox"/>
Family functioning	<input type="checkbox"/>	Community participation and networks	<input type="checkbox"/>
Managing Money	<input type="checkbox"/>	Employment, education and training	<input type="checkbox"/>
Material wellbeing	<input type="checkbox"/>	Housing	<input type="checkbox"/>

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Applies to:	All Mental Health Staff		Issue date:	Feb 2020
Pages:	1 of 8		Date for review:	Feb 2022

MH - Cusp Referral Form

Referral Source			
Agency/Organisation		Non-Agency	
Health agency	<input type="checkbox"/>	Self	<input type="checkbox"/>
Community services agency	<input type="checkbox"/>	Family	<input type="checkbox"/>
Education agency	<input type="checkbox"/>	Friends	<input type="checkbox"/>
Legal agency	<input type="checkbox"/>	General Medical Practitioner	<input type="checkbox"/>
Employment/ job placement agency	<input type="checkbox"/>	Other party	<input type="checkbox"/>
Centrelink / Department of Human Services	<input type="checkbox"/>		
Other agency	<input type="checkbox"/>		

Family			
Parent/Caregiver	Parent/Caregiver	Parent/Caregiver	Parent/Caregiver
DOB	DOB	DOB	DOB
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Intersex/indeterminate <input type="checkbox"/>	Intersex/indeterminate <input type="checkbox"/>	Intersex/indeterminate <input type="checkbox"/>	Intersex/indeterminate <input type="checkbox"/>
Address	Address	Address	Address
Mobile & Land	Mobile & Land	Mobile & Land	Mobile & Land
Email	Email	Email	Email
Australian Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/>	Australian Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/>	Australian Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/>	Australian Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/>
Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/>	Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/>	Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/>	Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of Birth	Country of Birth	Country of Birth	Country of Birth
Ethnicity	Ethnicity	Ethnicity	Ethnicity
Arrival Date in Australia (if applicable)	Arrival Date in Australia (if applicable)	Arrival Date in Australia (if applicable)	Arrival Date in Australia (if applicable)
Migration Visa Category (if applicable)	Migration Visa Category (if applicable)	Migration Visa Category (if applicable)	Migration Visa Category (if applicable)
Humanitarian <input type="checkbox"/>	Skilled <input type="checkbox"/>	Humanitarian <input type="checkbox"/>	Skilled <input type="checkbox"/>
Family <input type="checkbox"/>	Other <input type="checkbox"/>	Family <input type="checkbox"/>	Other <input type="checkbox"/>
Language spoken at home	Language spoken at home	Language spoken at home	Language spoken at home
Interpreter required Yes <input type="checkbox"/> No <input type="checkbox"/>	Interpreter required Yes <input type="checkbox"/> No <input type="checkbox"/>	Interpreter required Yes <input type="checkbox"/> No <input type="checkbox"/>	Interpreter required Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Significant Adults			
Relationship to Child	Relationship to Child	Relationship to Child	Relationship to Child
DOB	DOB	DOB	DOB
Address	Address	Address	Address
Telephone	Telephone	Telephone	Telephone
Australian Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/>	Australian Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/>	Australian Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/>	Australian Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/>
Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/>	Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/>	Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/>	Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/>
Interpreter required Yes <input type="checkbox"/> No <input type="checkbox"/>	Interpreter required Yes <input type="checkbox"/> No <input type="checkbox"/>	Interpreter required Yes <input type="checkbox"/> No <input type="checkbox"/>	Interpreter required Yes <input type="checkbox"/> No <input type="checkbox"/>
Ethnicity	Ethnicity	Ethnicity	Ethnicity
Language spoken at home	Language spoken at home	Language spoken at home	Language spoken at home

Referrer			
Name	Agency/School	Telephone	Mobile
Telephone	Email Address	Has the family agreed to this information being shared?	Yes <input type="checkbox"/> No <input type="checkbox"/>

MH - Cusp Referral Form

Household Composition – (please tick)			
Single (person living alone)	<input type="checkbox"/>	Sole Parent with Dependant(s)	<input type="checkbox"/>
Couple	<input type="checkbox"/>	Couple with Dependant(s)	<input type="checkbox"/>
Group (related adults)	<input type="checkbox"/>	Group (unrelated adults)	<input type="checkbox"/>
Homeless (no household)	<input type="checkbox"/>	Other	<input type="checkbox"/>

Safety and Health

Are there any known risks to a worker's safety in this family? Yes No

If yes, please elaborate below:

Are there any known court orders relating to this family? Yes No

If yes, please elaborate below:

Is there any known communicable (infectious) disease in the family? Yes No

If yes, please elaborate below:

Is there a physical disability in the family? Yes No

If yes, please elaborate below:

In accordance with the Commonwealth Privacy Act (1988) the personal information collected about families will be used in a confidential manner by Wanslea staff strictly for the purpose of facilitating the Cusp program. Clients are able to access their own information

MH - Cusp Referral Form

Is there an intellectual disability in the family? Yes No

If yes, please elaborate below:

Is the family currently involved with Child Protection and Family Support? Yes No

If yes, please elaborate below:

Please comment on the struggles impacting on the child/ren. Are they recent in origin or do they reflect an on-going situation?

What strategies have the family tried to resolve these issues and what have been the outcomes?

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MH - Cusp Referral Form

What does the child/children and their family understand are the reasons for the referral to Wanslea's Cusp program?

Please indicate the family's strengths and supports:

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MH - Cusp Referral Form

These questions are to be completed by the family being referred to the program

Name of person providing the information	
Family Name	

What are the challenges that currently worry your family?

What are your family's strengths?

What do you hope to achieve with Wanslea's support?

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MH - Cusp Referral Form

Does a member of your family identify as having one or more of the following impairments or disabilities?

<input type="checkbox"/>	Intellectual/learning	<input type="checkbox"/>	Psychiatric
<input type="checkbox"/>	Physical/diverse	<input type="checkbox"/>	None
<input type="checkbox"/>	Sensory/speech		

Main Source of Income

<input type="checkbox"/>	No income	<input type="checkbox"/>	Paid employment income
<input type="checkbox"/>	Self employed	<input type="checkbox"/>	Other income including superannuation
<input type="checkbox"/>	Government payments/pension	<input type="checkbox"/>	Income Management by Centrelink

Income Frequency

<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Fortnightly
<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Annually

Income Amount \$	
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Are you homeless?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Signature: _____ Date: _____

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CONSENT TO RELEASE INFORMATION

I, _____

give permission for Wanslea to exchange information with the agencies I nominate below in relation to Wanslea's work with my family.

I also give Wanslea permission to collect and use the information for the purposes of program management. This includes the understanding that Wanslea may disclose de-identified information to the Australian Government Department of Social Services (DSS) for the administration of its Mental Health support services.

Do you consent to being contacted in future for surveys, research or evaluation exercises?

Yes No

Signature: _____ Date: _____

Please direct all enquiries to the Duty Social Worker:
Phone (08) 9245 2441 or documents can be emailed dutysw@wanslea.org.au

Notification

The information that you provide on this form includes your personal information. Your personal information is protected by law, including the Privacy Act 1988. Your personal information collected on this form is used primarily for Wanslea Limited's purposes. We use the information that you provide on this form to better understand the profile of the children and families referred to Cusp, to help plan and improve activities delivered and to make sure they are easy to access and delivering good outcomes for the local community.

As part of the services provided to you by Wanslea Limited we need to collect some information about you to assist the Australian Government Department of Social Services (DSS) to conduct performance reporting and research relating to the services that you received from Wanslea Limited. To assist this process, Wanslea Limited will enter your personal information onto the DSS Data Exchange web-based portal by way of a bulk upload which is administered by the DSS. The DSS will not use your personal information in an identifiable form when conducting its research and evaluation, except where you have agreed or it is required by law.

You can find more information about the way the DSS will manage your personal information, including information about accessing and correcting personal information held on the DSS Data Exchange and making privacy complaints at the DSS website. For information about how and Wanslea Limited manage your personal information, please contact us on (08) 92452441.

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