

SYDNEY INTEGRATED THERAPY SERVICE (ITS)
REFERRAL FORM
About us

Act for Kids ITS supports children and young people up to 18 years of age who have been affected by trauma, to overcome challenges and reach their full potential. Our multidisciplinary therapist team uses a child-centred and family-focused approach to undertake assessments, develop treatment plans and provide trauma-informed therapy.

How to make a referral

Please complete one form per each child and email to blacktown@actforkids.com.au

We will acknowledge your referral and arrange an intake session if it meets the service criteria. For any questions, email or phone us on (02) 9622 7636.

DATE OF REFERRAL		/ /	
SECTION 1:			
Who is the child or young person being referred?			
First name		Last name	
Date of Birth		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Child's phone		Child's email	
Address			
Suburb		State	NSW Postcode
Child's cultural background			
What is the child's cultural background? <i>(tick all that apply)</i>		<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other (please describe):	
Country of birth		Language/s spoken at home	

Current legal and living situation					
Who does the child live with?			Relationship to child:		
Who has legal responsibility for this child?			Relationship to child:		
Are there any court orders relating to this child? <input type="checkbox"/> YES <input type="checkbox"/> NO			If YES, please describe:		
SECTION 2: Who is making the referral?					
First Name				Last name	
Relationship to child <i>(if parent/ carer, go to Section 3)</i>			Organisation <i>(if applicable)</i>		
Phone				Email	
Address					
Suburb		State		Postcode	
Has this referral been discussed and agreed with the primary caregiver?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the child or young person understand the reason for referral?				<input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 3: Who is the primary caregiver?					
First name				Last name	
Phone				Email	
Address					
Suburb		State		Postcode	
What is the primary carer's relationship to child?			<input type="checkbox"/> Parent <input type="checkbox"/> Kinship carer <input type="checkbox"/> Carer/Other		
What is the carer's cultural background? <i>(tick all that apply)</i>			<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other (please describe):		
Is the carer able to bring the child to the centre / participate in therapy?				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Major Relationships		
Name of Person	Relationship	Date of birth

SECTION 4: Describe the child's health and developmental history			
Has the child ever experienced any of the following child protection/safety issues ?			
If YES, please tick:			
Emotional / psychological abuse	<input type="checkbox"/>	Exposure to domestic violence	<input type="checkbox"/>
Physical harm and injury	<input type="checkbox"/>	Exposure to alcohol / other drugs	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	Involvement with child protection	<input type="checkbox"/>
Sexual abuse	<input type="checkbox"/>	Placement in out of home care	<input type="checkbox"/>
Is the child <u>currently at risk</u> of any of the above? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, please describe:			
Has the child ever experienced any childhood developmental issues ?			
If YES, please tick:			
Over- or under- reactive to noises, light, smells or touch	<input type="checkbox"/>	Learning difficulties (e.g., reading, school performance)	<input type="checkbox"/>
Difficulty with self-care activities (e.g. eating, toileting, dressing)	<input type="checkbox"/>	Difficulty in listening, understanding, following directions	<input type="checkbox"/>
Gross movement difficulties (running, riding bikes, ball skills)	<input type="checkbox"/>	Difficulty using words to communicate	<input type="checkbox"/>
Fine movement difficulties (e.g., writing, using cutlery, buttons)	<input type="checkbox"/>	Difficulties with social communication & relationships	<input type="checkbox"/>

SECTION 5: Describe the child's current health and wellbeing

Does the child have any diagnoses?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please list and state when diagnosed:			
What are the current concerns, that this child is needing support for? <i>(tick all that apply)</i>			
Mental / Emotional		Behavioural	
Anxiety	<input type="checkbox"/>	Self-harm	<input type="checkbox"/>
Depression	<input type="checkbox"/>	Aggression/reactivity	<input type="checkbox"/>
Emotional dysregulation	<input type="checkbox"/>	Risk-taking behaviours	<input type="checkbox"/>
Anger	<input type="checkbox"/>	Sexualised/inappropriate behaviours	<input type="checkbox"/>
Grief and loss	<input type="checkbox"/>	School avoidance	<input type="checkbox"/>
Physical		Suicidal ideation/behaviours	<input type="checkbox"/>
Physical / health conditions	<input type="checkbox"/>	Other behavioural challenges	
What support is being requested for this child?		<input type="checkbox"/> Occupational therapy <input type="checkbox"/> Speech therapy <input type="checkbox"/> Psychotherapy / Counselling / Therapy <input type="checkbox"/> Psychological assessment	
Please describe in detail:			

SECTION 6:

Child's engagement with services

Has the child received assessment or intervention for concerns in the past?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please describe:	

Who are the child's current service providers?			
Name		Role	Contact details
Has the child displayed any risk behaviours when attending services (e.g. aggressive behaviours, flight risk, self-harm)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child have a case worker ? If YES, please complete below:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name		Job title	
Phone		Email	
Please provide details of the case manager/casework manager , if relevant:			
Name		Job title	
Phone		Email	

SECTION 7:			
Service fees			
<i>Act for Kids does not directly charge the child or their family for services but is required to seek cost recovery from Government and other services where possible.</i>			
Is funding available the requested service?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child have an NDIS plan? If NO, go to SECTION 8			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, how is the plan managed?	<input type="checkbox"/> NDIA managed	<input type="checkbox"/> Plan managed	<input type="checkbox"/> Self-managed
NDIS plan manager details (if applicable)			
Name		Position	
Phone		Email	

Address for correspondence					
Suburb		State		Postcode	

SECTION 8:

Service quote information

The process:

If referring from an organisation or Government department, please complete the following to receive a quote for Act for Kids services.

Referrers agree to meet the terms of the quote by providing a purchase order.

Act for Kids will then generate invoices for services delivered to children and their families.

Service costs (indicative only): *GST?

For DCJ, other govt/ non- govt agency referrals: \$210 per session for all disciplines; travel \$0.97 per kilometre plus tolls and fees

For NDIS: sessions and travel as per the *NDIS Pricing Arrangements and Price Limits* guidelines

Annual reports / reviews /court reports: \$500.00

Assessments: Quotes provided on request

Organisation or department to be invoiced:	ABN:
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Contact person		Position title	
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Phone		Email	
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Preferred frequency for invoicing	<input type="checkbox"/> Per session <input type="checkbox"/> Per month <input type="checkbox"/> Other (please specify)		
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Please complete this form in full and email to blacktown@actforkids.com.au . Thank you for your referral.

Act for Kids- Integrated Therapy Service (ITS) Blacktown

Suite 18 / 125 Main Street

Blacktown NSW 2148

Phone 02 9622 7636

Email blacktown@actforkids.com.au

ABN 98 142 986 767

Office use only			
Referral criteria	<input type="checkbox"/> Age	<input type="checkbox"/> Trauma	<input type="checkbox"/> NP EXT REF
Allocation	<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Psychotherapy / Counselling / Therapy <input type="checkbox"/> Speech therapy <input type="checkbox"/> Assessment		
CC	<input type="checkbox"/> DCJ	<input type="checkbox"/> NDIS	<input type="checkbox"/> DMF <input type="checkbox"/> EIS
	<input type="checkbox"/> OTH		<input type="checkbox"/> PEN
Comments			

Dear valued stakeholder,

Act for Kids have updated our email systems and processes!

To ensure sensitive information about children, young people and families remains secure and confidential, Act for Kids has implemented (1) **MimeCast**, a secure messaging system and (2) **encrypted email partnership domains**.

How Act for Kids is sending client information securely

Sensitive and private client-related to be emailed

MIMECAST SECURE MESSAGING

used when sending sensitive and private client-related emails within Act for Kids and also to the *direct email addresses of external stakeholders*.

ENCRYPTED EMAILS

used when sending sensitive and private client-related emails to the *shared inboxes of external stakeholders* whose domain has been added to our approved partner list.

WHAT IS NEEDED FROM YOU

1. You will receive an email from Act for Kids that indicates you've received a secure message
2. Follow prompts to create a password
3. Open email securely in Mimecast portal

WHAT IS NEEDED FROM YOU

Nothing ... it will look like a normal email.

IT WILL
LOOK LIKE
THIS

You've been sent a secure message



Act for Kids sent you a secure message

You can only view it in our [Secure Messaging service](#).

If you've not received a secure message from Act for Kids before, a password has been sent to you separately. If you don't receive it, you can [request a new one](#).

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