

MASP Family Reconciliation Program

Early Intervention Referral Form

The family reconciliation program is an early intervention program that aims to assist young people in resolving conflicts and re-establish relationships with families and others who play an important role in their lives.

ELIGIBILITY DETAILS		
Is the young person homeless or at risk of homelessness (this may include a stated intention to leave home or a threat of eviction):	YES	NO
Is the young person aged between 15-21 years:	YES	NO
If the young person is under 16 years, has referrer discussed referral with parent/carers? N/A YES NO		
Has the young person given permission for referral?	YES	NO
Is Child Protection currently involved with the family?	YES	NO
If answered NO to any of the above questions or there is current Child Protection involvement, the young person is not eligible for Family Reconciliation program.		

REFERRER DETAILS		
Referrer Name:		Referral Date:
Referrer Contact (email, mobile):		
Has MARAM been attached (where applicable):	YES	NO

YOUNG PERSON DETAILS	
Full Name:	Gender Identity/Pronoun:
Phone Number:	Date of Birth:
Primary Address:	
Aboriginal/Torres Strait Islander:	
CALD?	Language/Interpreter Required?
Are there any Family Law Court orders in place to be aware of?	

PRESENTING ISSUES (For any boxes ticked, please expand when considering the 'reason for referral')		
Education	Non School Attendance:	Suspended/expelled:
	Bullying:	Attending: Other:
Mental Health Concerns	Is young person experiencing poor mental health: YES NO	

Social Concerns	Isolation: Anti-social Behaviour:	Friendship Difficulties: Other:
Young Person Uses Violence	Violence towards family:	Violence towards others:
Substance Misuse	YES NO If YES give detail:	
Diagnosed Disability	YES NO If YES give detail:	
High Risk Behaviour	Absconding: Criminial Behaviour: High risk Sexual Behaviour: Self-harming: Other:	
Family Violence	Verbal Arguments Physical or sexual violence Financial abuse Controlling behaviours Other Family violence concerns	
Other Alleged Parental Harm	Parental substance misuse Parental criminal activity Parental mental health Other	

What are the young persons current living arrangements?
If the young person is not residing at family home, is the young person allowed home? YES NO
What are the conditions upon their return?

REASON FOR REFERRAL (Summary of current situation/crisis – including current living arrangements)

Has the young person tried to talk with mum, dad or caregiver in regard to the current situation the young person has identified above?
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YES	NO
If YEs give details:	

PARENT OR PRIMARY CARER DETAILS		
	PRIMARY CARER 1	PRIMARY CARER 2
Full Name:		
Date of Birth:		
Gender:		
Phone details:		
Primary Address:		
Relationship to Young Person:		
CALD:		
Language/Interpreter required?		
Aboriginal/Torres Strat Islander:		
Disability Diagnosis?		
Has the referrer had contact with young person's parent/carers?		YES NO
What do the parent/carers perceive as the issue?		

OTHER AGENCIES/CURRENT SUPPORTS INVOLVED (INCLUDING SCHOOL)		
NAME	AGENCY/ROLE	CONTACT DETAILS

All referrals to be sent to familyrec@masp.org.au