

# 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/carer?  
N/A YES NO

Has the young person given permission for referral? YES NO

Young people who are currently subject to Child Protection are not eligible to the program

*If answered NO to any of the above questions 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

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

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/carer?	YES	NO
What do the parent/carer 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](mailto:familyrec@masp.org.au)