

REFERRAL FORM | For People Affected by Intercountry Adoption

Referring Worker:	Date:
Referring Agency:	Telephone:
Email Address:	Postal Address:

The ICAFSS offer services to people whose lives have been affected by intercountry adoption, and expatriate adoptions. Our services can provide counselling, information and parenting support, and a Small Grants Program for community capacity initiatives. We also provide warm referrals to other services were required. We also offer a range of support groups, and training and professional development for allied health workers. Our

experienced staff is respectful of people's differing choices and opinions, and we acknowledge and value the diverse experiences of those affected by adoption.

Once we receive the referral we will liaise with the referring worker prior to contacting the client.

ClientName:		
Address:		
	Postcode:	
Phone Number:	Mobile:	
Email:		
Is it ok to text or leave a voice message?	Yes No	
Date of Birth:	Country of Birth:	
Has client consent for referral been obtair	Yes 🗌 No 📃	
Does the client identify as Aboriginal and/	Yes 🗌 No 🗌	
Does the client Identify with a specific Aboriginal and/or Torres Strait Islander Nation?		

Generally, is there anything about the clients' culture or background that is important for us to understand? Yes No

Presenting Issues:				
What other services are currently involv	ved?			
What kind of service/support is requested at this time?				
Counselling	Parenting Support	Records Access		
Other				

This form can be sent via email: <u>ICAFSS@rasa.org.au</u> marked **CONFIDENTIAL** For further information please contact ICAFSS on 1800 ICAFSS (1800 422 377)