

## Participant Referral Form

Date: \_\_\_\_\_

**Participant Full Name:** \_\_\_\_\_ *First* \_\_\_\_\_ *Last* \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Contact Number:** (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Family Status:**     Married/Domestic partner     Separated  
 Single - never married     Divorced  
 Widowed

**Gender:** \_\_\_\_\_

**Dependent Children below 12 years:** \_\_\_\_\_  
*(Names and Year of Birth)*  
 \_\_\_\_\_

**Language/s Spoken:** \_\_\_\_\_ **Ethnic/Cultural Identity:** \_\_\_\_\_

\_\_\_\_\_ **Aboriginal or Torres Strait Islander?**     Y     N

**Religion:** \_\_\_\_\_

**Emergency Contact and Relationship:** \_\_\_\_\_

**Referring Worker:** \_\_\_\_\_ **Referrer's Role:** \_\_\_\_\_

**Organisation:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Criteria for Participant referral

- A desire to participate in the program
- Agree to a one-year commitment to the program
- Commit to spending 1 hours a week or biweekly meeting with mentor
- Willingness to participate in review and evaluation procedures
- Needs to fit within the COACH Assessment Criteria



## Family COACH ELIGIBILITY ASSESSMENT CRITERIA

COACH can be offered as an early intervention or post case management program. The program is resourced by community-based volunteer mentors who are not welfare professionals.

As the referring person, it is critical to provide whatever information you know about the complexity of the participant’s family of origin and their current living circumstance. This will allow assessment of their suitability to be mentored and their matching with a mentor.

Careful consideration would be given to any family who have issues identified within the “NO” column before support would be offered.

| <b>If you have any knowledge of any of the following, place a ‘✓’ in corresponding cell</b>  |  |
|--|--|
| <b>YES – this is likely COACH</b>  | <b>NO – this is unlikely COACH</b>   |
| <p><b>Isolation &amp; Relationship Issues</b><br/><i>Is the person experiencing isolation and relationship breakdown?</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lacking positive immediate or family support?</li> <li><input type="checkbox"/> Lacking positive social and friendship support?</li> <li><input type="checkbox"/> Have a sense of being alone and unsupported?</li> <li><input type="checkbox"/> Would benefit from receiving encouragement?</li> </ul>  | <p><b>Isolation &amp; Relationship Issues</b><br/><i>Is the person experiencing current &amp; frequent threats of violence?</i></p> <ul style="list-style-type: none"> <li>Is there frequent Police involvement? <input type="checkbox"/></li> <li>Are there current Intervention orders? <input type="checkbox"/></li> <li>Are there regular episodes of violence? <input type="checkbox"/></li> <li>Are there significant threats from a former partner in recent times? <input type="checkbox"/></li> </ul> |
| <p><b>Financial Difficulties</b><br/><i>Is the person experiencing low level financial difficulty?</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Experiencing periodic financial difficulty that may place housing at risk, utilities at risk of being disconnected or children’s education needs at risk?</li> <li><input type="checkbox"/> Presenting to material aid agencies for occasional support and would benefit from basic budgeting management?</li> <li><input type="checkbox"/> Having difficulties on low income or Centrelink payments?</li> <li><input type="checkbox"/> Finding it challenging self navigating the Centrelink system and advocating successfully for themselves?</li> </ul> | <p><b>Financial Difficulties</b><br/><i>Is the person experiencing chronic and severe financial difficulty?</i></p> <ul style="list-style-type: none"> <li>Regular and severe financial difficulty related to significant problematic &amp; addictive behaviours. <input type="checkbox"/></li> <li>Serious financial problems with no cause? <input type="checkbox"/></li> </ul>  |
| <p><b>Legal problems</b><br/><i>Is/was the person involved with the following legal matters?</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Previous minor convictions</li> <li><input type="checkbox"/> Family Court hearings</li> <li><input type="checkbox"/> Help with fines</li> <li><input type="checkbox"/> Past Child Protection hearings</li> </ul>  | <p><b>Legal problems</b><br/><i>Is/was the person involved with serious legal matters?:</i></p> <ul style="list-style-type: none"> <li>Current Criminal legal proceedings <input type="checkbox"/></li> <li>Serious previous offending <input type="checkbox"/></li> <li>Current Child Protection hearings <input type="checkbox"/></li> </ul>   |

| If you have any knowledge of any of the following, place a '✓' in corresponding cell   |  |
|--|--|
| YES – this is likely COACH   | NO – this is unlikely COACH  |
| <p><b>Social , interpersonal and Life Skills</b><br/><i>Is the person experiencing difficulty accessing or engaging with services within the community?</i></p> <p><input type="checkbox"/> Lacking the resources (transport time &amp; management skills) to access services within the community independently.</p> <p><input type="checkbox"/> Requiring encouragement and advocacy support due to poor social and communicative skills.</p> <p><input type="checkbox"/> Lack of confidence and low self-esteem.</p> <p><input type="checkbox"/> Disengaging from successful support &amp; may benefit from less formal support for maintenance.</p> <p><input type="checkbox"/> Able to manage 12 month or similar engagement.</p> | <p><b>Social , interpersonal and Life Skills</b><br/><i>Does the person have a history of making threats to others and difficulty in managing anger?</i></p> <p>Significant Anger Management issues. <input type="checkbox"/></p> <p>Significant threats of violence to others. <input type="checkbox"/></p> <p>Significant history of abuse &amp; harm to others and or damage to property. <input type="checkbox"/></p> <p>Currently engaged with multiple health &amp; welfare programs &amp; professionals to address complex ongoing issues. <input type="checkbox"/></p> <p>Recent significant criminal activity. <input type="checkbox"/></p> |
| <p><b>Life Skills &amp; Household Management:</b><br/><i>Is the person experiencing some difficulty managing day to day life skills?</i></p> <p><input type="checkbox"/> Cooking, cleaning, shopping, transport.</p>   | <p><b>Life Skills &amp; Household Management:</b><br/><i>Is the person experiencing significant difficulty managing their household?</i></p> <p>Serious hoarding problems. <input type="checkbox"/></p>  |
| <p><b>Parenting</b><br/><i>Is the person struggling with the demands of parenting?</i></p> <p><input type="checkbox"/> Struggling to communicate and relate with children positively and can benefit from basic parenting support and encouragement.</p> <p><input type="checkbox"/> Children lacking confidence and struggling with the demands of school &amp; socialisation.</p> <p><input type="checkbox"/> Lack of recreational opportunity.</p>  | <p><b>Parenting</b><br/><i>Is the person struggling with the demands of parenting?</i></p> <p>Current involvement with Child Protection in response to long term problems. <input type="checkbox"/></p> <p>History of significant interventions with Child Protection? <input type="checkbox"/></p> <p>All children in the family aged above 12 years. <input type="checkbox"/></p>  |
| <p><input type="checkbox"/> <b>Health &amp; Addictions</b><br/><i>Is the person experiencing health problems that affect their capacity to manage their family life?</i></p> <p><input type="checkbox"/> Poor and chronic physical health.</p> <p><input type="checkbox"/> Demonstrated insight into Managing their mental health issues (long term demonstration)</p> <p><input type="checkbox"/> Recovered substance user who has had significant recovery and abstinence time.</p>  | <p><b>Health &amp; Addictions</b><br/><i>Is the person experiencing health problems that affect their capacity to manage their family life?</i></p> <p>Severe &amp; chronic health issues that preclude undertaking normal activities &amp; that require long term professional support. <input type="checkbox"/></p> <p>Mental health issues that are not managed and contribute to the participant being in regular crisis. <input type="checkbox"/></p> <p>Substance using issues that are significant and not well managed. <input type="checkbox"/></p>   |
| <p><i>If there are any '✓' in the 'NO' columns above please make contact with the Family COACH Coordinator before proceeding with the next part of the referral document.</i></p>  |  |

## PARTICIPANT'S BACKGROUND

Please document the principal reason for your referral and add any information that will give a broad picture of the participant's context:

### Alerts

Risks:  Y  N

*If Yes, please document any available risk assessments including risk management strategies.*

Risk Issues:

Support required to address these risk issues:

### Court and Statutory Orders

Please give details of any mental health orders, intervention orders, orders related to children, guardianship and administrative orders, etc. *(attach a separate page if necessary)*

**Current Services** - Services used in the last twelve months, including all health and community services

| Agency | Contact details (name and phone/email) or other information as appropriate |
|--------|--|
|        |  |
|        |  |
|        |  |
|        |  |

Has the participant consented in writing to being contacted directly by a COACH representative?  Yes  No

***Chinese Participant Referral, please email to  
alex@coachnetwork.org***

**For Internal Family COACH Administration Use:**

Referral Received Date: \_\_\_\_\_ Referral Data Log Date: \_\_\_\_\_

Proceed with application:  Y  N

Action/s taken: \_\_\_\_\_

Name \_\_\_\_\_

Signature: \_\_\_\_\_