Trauma Treatment Service

LINKS TRAUMA HEALING SERVICE REFERRAL FORM

PROGRAM ELIGIBILITY – use the Program Eligibility Criteria to select the appropriate service

LINKS – Trauma Healing Service

Penrith & Newcastle

The child and/or caregiver are aware that the referral has been made and agree to attend regular sessions in:

- ☐ Penrith; OR
- ☐ Newcastle

The child is 16 years or under and in statutory foster/relative/kinship care, where the placement is unstable and the child is at high risk of entering residential care. Placement instability indicators include:

- ☐ where the child has had 2 or more placements in the past 6 months; OR
- ☐ where respite care use has increased in the past 12 months.

Please email completed form to LINKS@dcj.nsw.gov.au

Illawarra & Western

The child and/or caregiver are aware that the referral has been made and agree to attend regular sessions in:

- ☐ Illawarra; OR
- ☐ Western (Orange)

The child is 8 – 16 years of age and:

- ☐ is in statutory foster/relative/kinship care where there is a potential for placement breakdown (placement instability indicators may include 2 or more placements in the last 6 months); OR
- ☐ is in a transitional placement.

Please email completed form to LINKSWesternandIllawarra@dcj.nsw.gov.au

Child/Young Person's Details

Name

ChildStory ID | Date of Birth

Current Address

Legal Status

Cultural Background ☐ Aboriginal ☐ Torres Strait Islander Other

Interpreter needed ☐ No ☐ Yes → If yes – language required

Carer's Name(s)

Home Phone | Mobile

Casework Agency Details

Agency with Case Management

Address

Caseworker name

Ph:

Casework manager name

Ph:

Agency Psychologist/ Clinician involved ☐ No ☐ Yes → If Yes - Name

Ph:

Reason for Referral

Has this child/young person previously accessed mental health services?

☐ No ☐ Yes If yes, please list all services below

Reason for referral/Issues of Concern – (limit to 250 words)

Possible Behaviours – (tick if a current concern)

- ☐ Attention/Concentration
- ☐ Aggression
- ☐ Attachment/relationship issues
- ☐ Disordered Thought
- ☐ Enuresis/Encopresis
- ☐ Sleep Disturbances
- ☐ Speech
- ☐ Challenging Behaviour
- ☐ Substance Abuse
- ☐ Self Harm
- ☐ Anxiety
- ☐ Intellectual Disability
- ☐ Issue with Food
- ☐ Dissociative Symptoms
- ☐ Emotional Dysregulation
- ☐ Peer Problems
- ☐ Parentified
- ☐ Depression
- ☐ Concerns not otherwise noted

Current Placement Details

Type of Placement:

- ☐ Non-home based care
  - ☐ Intensive Therapeutic Care (ITC)
  - ☐ Alternative Car Arrangement (ACA)
  - ☐ Interim Care Model (ICM)
  - ☐ Short Term Emergency Placement (STEP)
- ☐ Rel/Kin ☐ Foster Care ☐ Non-home based care
- ☐ Other - Please specify:

Current Placement Status:

☐ New (less than 6 months) ☐ Stable ☐ Stable but stressed ☐ Verge of breakdown

Current Placement – Household Members (incl. ages and gender of co-resident for residential care)

Name of Family / Household Member	Relationship to Referred Child	Age	Placement Type

Educational Details

School | Year/Grade

Address | Special Class

Funding Support ☐ No ☐ Yes → If yes, details

Teacher | Phone

Best contact at school | Phone

Medical Information

Current GP | Phone

Paediatrician/ Psychiatrist | Phone

Diagnosis (current and by whom)

Current Medication

Previous Diagnosis (date and by whom)

Other Services Involved – (current and in the last two years)

Service/Agency	Nature of Involvement	Contact Person and Details

WHS

Are there any risk issues for the team?

☐ No ☐ Yes → If yes, please provide details below

Attachments

Please ensure **Affidavit** and/or **Care Plan** is attached ☐ Affidavit ☐ Care Plan

Please ensure the following are attached

☐ Behaviour Support Plan (BSP) ☐ Current Clinical Documents (eg. Speech, OT, Paediatrician etc)

Signatures

Caseworker name		Signature		Date	
Manager Casework name		Signature		Date	

- You will receive a confirmation email when your referral is received by the relevant service.
- The referral will be discussed at a weekly intake meeting to determine suitability and allocation. A representative from the relevant service will then send an email to you detailing the outcome of the intake meeting and next steps.

Intake and Allocation Outcome

Date referral received at trauma treatment service

Referral Outcome:

☐ Accepted

☐ Not Accepted

☐ Decision Pending – Awaiting Further Information

Manager name		Signature		Date	