**Rising Strong**

Rising Strong is a therapeutic individual support service that is trauma and healing informed for young men and adolescent boys aged 12-18 years, who present with adverse childhood experiences (including family and domestic violence), and who are using or at risk of using violence

 Please send referrals to RisingStrong@communicare.org.au

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| **Referral Information:** |
| Service location: [ ]  Joondalup office [ ]  Outreach service |
| Referral Date:  | Has the client consented to this referral? [ ]  Yes [ ]  No |
| Referring Agency:  | Referred by:  |
| Referrers Contact Number:  | Referrers Email:  |
|  |
| **Client Details:**  |
| Client Name:  | Date of Birth: Age: |
| Contact Number:Is this number safe to contact: [ ]  Yes [ ]  NoBest time to contact: Can we say we are from Communicare/Rising Strong when calling? [ ]  Yes [ ]  No | Email Address: |
| Cultural identity: [ ]  Aboriginal and/or Torres Strait Islander[ ]  CaLD, please specify:  | Gender:[ ]  Male[ ]  Non-binary/ gender diverse  |
| Home Address:Residing with:[ ]  Parent(s), [ ]  Guardian [ ]  Other, please specify: | Pre-existing Conditions:[ ]  Diagnosed mental health[ ]  Physical[ ]  Diagnosed intellectual disabilityPlease specify diagnosis: |
|  |
| **Parent / Guardian Details** |
| Name | Relationship to client  | D.O.B. | Gender | Cultural Identity | Pre-existing Conditions |
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| **Reason for Referral:**  |
| Please tick the most appropriate reason(s) for referral:[ ]  Parent/Family/Adolescent conflict/ violence [ ]  At risk behaviour of young person[ ]  Intimate partner violence[ ]  Support for the effects of family & domestic violence (e.g., trauma, mental health, substance use)Please briefly describe the reason for referral: |
|  |
| **Other history if applicable:**  |
| [ ]  Cultural Issues / Racism | [ ]  Alcohol or Drug Use | [ ]  School Engagement Issues |
| [ ]  Homelessness | [ ]  FDV Victim  | [ ]  Using FDV behaviours |
| [ ]  Family court / Legal Matters | [ ]  Mental Health Issues  | [ ]  Suicidal Ideations / Self Harm |
| [ ]  Other, Please Specify:  |
|  |
| **Risk Concerns:** |
| Are there any safety concerns with parents/guardians? [ ]  No [ ]  Yes, please specify: |
| Are Department of Communities (child protection) or Department of Justice involved? [ ]  No [ ]  Yes, please specify: |
| Are there any legal issues identified within the family? [ ]  Restraining Order [ ]  Conduct Order [ ]  Family Court Orders [ ]  Supervision Order [ ]  OtherIf any of the above are ticked, please specify: Do you believe the child will require a parent/ carer/ safe person to attend the initial session? [ ]  Yes [ ]  NoAre there any concerns around the parent/ caregiver being present during the initial session? [ ]  No [ ]  Yes, please specify: |
| Is there anyone the child cannot have contact with? Is there a parenting order in place etc? [ ]  No [ ]  Yes, please specify: |
| Is there any perceived risk for staff, young person or family? [ ]  No [ ]  Yes, please specify: |
| Is the young person resistant to the service? Will there be any perceived issues with the young person attending appointments?[ ]  No [ ]  Yes, please specify: |
| Is the young person currently attending school? [ ]  No [ ]  Occasionally [ ]  YesPlease specify school name: |
|  |
| **Other Services or Additional Information** |
| Please indicate any additional services that family are currently accessing or any additional information that may be useful: |