**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](mailto: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: | | | |
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| **Client Details:** | | | | | | | |
| Client Name: | | | | Date of Birth: Age: | | | |
| Contact Number:  Is this number safe to contact:  Yes  No  Best 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 disability  Please specify diagnosis: | | | |
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| **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: | | | | | | | |
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| **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: | | | | | | | |
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| **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  Other  If 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  No  Are 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  Yes  Please specify school name: | | | | | | | |
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| **Other Services or Additional Information** | | | | | | | |
| Please indicate any additional services that family are currently accessing or any additional information that may be useful: | | | | | | | |