

## **Koorana Pre-enrolment Form for Agency Referrers**

Nominated Child Information										
Primary Child's F	First / Surname	Date	Additional Needs/Disability Gender							
·		of		/Diagnosis						
		Birth								
					□ Male					
					□ Female					
				Date:						
Have you attached Assessment reports, letters from Paediatrician's, etc., requested to confirm diagnosis??										
□ Yes □ No □ N/a										
Child's CRN Number:										
DSS Eligibility start date: DSS Eligibility end date:										
Family Details										
Parent / Carer Details 1 Parent / Carer Details 2										
			7							
First name:			First name:							
Family name:			Family name:							
Date of Birth:			Date of Birth:							
Relationship to child:			Relationship to child:							
Relationship to child.			Relationship to child.							
Address:			Address:							
Suburb:	Post code	:	Suburb:		Post code:					
- " "		1 🗆 🗆	- " "							
Email address:			Email address:							
Local Govt Area:			Local Govt Area:							
Home Phone number:			Home Phone number:							
Mobile Phone number:			Mobile Phone number:							
Are you an Australian Citi			Are you an Australian Citizen?   Yes  No							
Are you a Permanent Res		Are you a Permanent Resident?   Ves   No								
Hold a Protected Special (	category visa? U Yes I	Hold a Protected Special Category Visa?   Yes   No								
Country of Birth:		Country of Birth:								
□ Under 18 yrs □ 18	-25yrs 🗆 25+	□ Under 18 yrs □ 18-25yrs □ 25+								
In which LGA is the child I	iving (if parents separate	ed)	Family Income:   Less than \$41,000							
Child's Country of Birth:		Does the family identify as:   CALD  ATSI								
Child's Country of Birth:			boes the family identity as.   CALD   A131							
Language/s spoken:			Language/s spoken:							
Interpreter required:	Yes 🗆 No	Interpreter required:   Yes   No								
Referring for Services (Tick preference/s)										
CHILD SERVICES			FAMILY SERVICE	· ·						
CHILD SERVICES  □ Supported Playg	ırouns			:s rvice and Transition Suppo	rt					
□ Supported Flayy □ Preschool interv	☐ My time – For Carers									
□ Home & commu	□ Early Links									
	□ Occupational Therapy	□ Sibs Club								
*AVAILABLE	□ 1 DAY		2 DAYS	Commencing Primary						
PRESCHOOL	Case by Case Only.	Mon & Tue		Mon / Tue / Wed	School in:					
DAY OPTIONS:	Needs to be approved	OR		OR						
<ul><li>Croydon St</li></ul>	by Management	Ti	Thur & Fri Wed / Thu /Fri Year							
o Dhillin C+		l								

Sibling Information											
			ate of Birth	Gende	r						
			□ Male		□ Female						
				□ Ma	le	□ Female					
				□ Ма	le	□ Female					
			□ Ma	le	□ Female						
Eligibility											
Is the child involved in Early Childhood Settings?		Does the family ha	Do you have DSS (formerly Fahcsia) Approval:								
□ Preschool		Does the family ha	□ Yes □ No								
□ Playgroups			<ul><li>In process</li><li>Not applicable</li></ul>								
□ Occasional Care		Is the family receiving other Case Management Services?									
□ Early Intervention Programs		□ Yes □ No									
□ Long day Care	Is the family new to the area?  □ Yes □ No										
Professionals / Services working with family for nominated child (includes Schools, medical services, GP, paediatrician, childcare, early intervention, etc.,)											
Name					in y intervention	Telephone no.					
			ring Agency		T						
Agency:		Contact person:			Position:						
Phone number:		Email:			Fax:						
Address:											
Role of referrer with the family:		Will there be continued involvement with the family: Yes / No			In what capacity?						
Any additional information:											
Parent / Guardian consent for Referral Provided											
□ <b>Verbal Consent</b> (over the phone referrals)											
□ Written Consent											
Signature / Name											
Information collection by:					Date:						
How did you hear about Koorana?   Friend / Family   Internet / Website   Flyer / Newspaper   Other agency											