***Attachment 2***

***Reporting advice of restricted intake in Child FIRST or Restricted allocation to Integrated Family Services***

Date of advice: / /

Child and Family Services Alliance name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DHHS Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete this template and attach the Demand and capacity matrix when restricted intake is being implemented and have it endorsed by your Area Director, and email with a copy of the completed Demand Level matrix to the Children, Youth and Families team at: ChildrenYouthFamilies@dhhs.vic.gov.au and cc: your Area Director, Agency Performance and System Support Manager, Child Protection Area Manager, Alliance Executive and Operational Chairs and Alliance coordinator/Project officer.

Please advise ChildrenYouthFamilies@dhhs.vic.gov.au and the above representatives when restriction is lifted.

|  |  |
| --- | --- |
| Dates of anticipated restriction  |  |
| Review date  |  |
| Reason for restrictionIf relevant, cite IRIS data. |  |
| Which referrals will be accepted? |  |
| Which referrals will not be accepted? |  |
| Child and Family Services Alliance Chair comments |  |
| Agency Performance and System Support Manager comments |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Director’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Director’s name

Date: / /