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| Education Supports for Children in Care |
| Referral form |
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# Child’s or young person’s information

| Required information | Client details |
| --- | --- |
| Full name: |       |
| Date of birth: |       |
| Address (if known): |       |
| Phone: |       |
| CRIS number:  |       |
| Court order type: |       |
| Gender: |       |
| Aboriginal and/or Torres Strait Islander:(yes, Aboriginal; yes, Torres Strait Islander; no) |       |
| Culturally diverse background: |       |
| Use of an interpreter required:(If yes, specify language) |       |
| Medical conditions:(If yes, please specify) |       |
| Diagnosed disability:(If yes, please specify) |       |
| Placement type:(kinship, foster, residential (including ACAC), lead tenant) |       |
| Carer name: |       |
| Carer phone:  |       |
| Carer email: |       |
| Case management arrangements:(contracted, DFFH) |       |
| Currently participating in care team:(yes or no) |  |
| School:(school name, phone) |       |
| Current school year: |       |
| Agency contracted case manager:(name, agency, phone, email) |       |
| Child protection practitioner or ACAC practitioner:(name, phone, email, branch/area, division) |       |

# Reason for referral

(For example, include information about eligibility, benefit for the child or young person, current involvement with educational supports, engagement with other programs/areas, alignment with care plans and education plans, consultation with relevant professionals including LOOKOUT, consent when required.)

# Other services that have been engaged with the child or young person

(For example, include engagement-related school problems or tutoring programs such as TeachAR or Tutor Learning Initiative.)

# Referrer information

| Required information | Details |
| --- | --- |
| Referral completed by:(name, role) |       |
| Referrer’s signature:(signature, date) |       |
| Referral endorsed by:(name, role, signature, date) |       |

# Application checklist

Please ensure that all items have been checked before submitting this application.

| Required information | Mark with X |
| --- | --- |
| The child or young person meets the eligibility criteria. |  |
| The child or young person is aware of the referral. |  |
| The Child Protection Team Leader endorses the referral. |  |
| All relevant sections of the referral form are complete. |  |
| Additional information and supporting documentation is provided. |  |

# Submit the application

Send completed applications to the ESCC provider in your division/region.

If the referral is accepted, the ESCC provider will reply with an acceptance letter/email.

If the referral does not meet the program’s criteria, the ESCC provider will reply with either a request for further information or a letter declining the referral.

This letter will outline reasons for not accepting the referral. It will also include information on other options for supporting the child/young person.

# Privacy statement

The personal and health information on this form is collected for the purposes of supplying the ESCC provider with the information required to best support the service. The information collected will only be disclosed to the ESCC provider and used for the primary purpose intended. The information will not be disclosed to any other party unless required by law.

# Approval

To be completed by the ESCC provider.

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| --- | --- |
| Required information | Details |
| Date received: |       |
| Check by intake:(yes or no) |       |
| Approved:(yes or no) |       |
| Date applicant advised: |       |
| Comments: |       |

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| To receive this document in another format, email Care Services <careservices@dffh.vic.gov.au>.Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Families, Fairness and Housing, November 2024.In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.Available at <https://providers.dffh.vic.gov.au/education-supports-children-care> <https://providers.dffh.vic.gov.au/education-supports-children-care>. |