Walumarra Strong Families Referral In & Out Form

PLEASE SEND COMPLETED REFERRAL FORM TO: admin@walumarra.com.au

Referral Details					
Organisation	Bunmabunmarra Service Pty Ltd T/A Walumarra Strong Families ABN: 94 680 896 815				
Referral Type	☐ Referral In ☐ Referral Out				
Referral Date					
Client Information					
Full Name					
Date of Birth		**Gender**			
Street Address					
Suburb		**State**		**Postcode**	
Email Address					
Contact Number/s					
Cultural Identity					
Interpreter Needed:	*Yes* ☐ *No* ☐ If yes what language &/or dialect?				
Does the client identify as part of the LGBTIQ+ Community?	*Yes* ☐ *No* ☐				
Client ID ***(If applicable)***					
Emergency Contact	Name: Phone:				
Preferred & Safest Contact Method ***(Please tick one)***	☐ Mobile ☐ Email ☐ Text ☐ Letter				

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Is there a preferred time to contact?	

Children and Ages		☐ Not applicable
Child's Name	**Date of Birth**	**Age**

Referring Organisation		
Organisation Name		
Referrer Details	***Referrer Name***	
	Referrer Position	
Contact Number		
Email Address		
Date of Referral		
Are you providing Case Management services to this client?	*Yes* ☐ *No* ☐	

Reason for Referral

Please provide full details:

- *Current situation and key concerns*
- *Risk factors (e.g., safety, health, child protection, family or domestic violence, homelessness)*
- ***History of alcohol and other drug use** (include any current use)*
- ***Mental health concerns** (diagnosis, behaviours, current treatment or supports)*
- ***Disability** (diagnosed or suspected, functional impacts, support needs)*
- *Immediate needs or supports required*
- *Strengths, protective factors, or supports already in place*
- *Relevant background (e.g., previous services, significant history, cultural considerations)*
- *Desired outcomes or goals of this referral*

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Service Details		
Type of Support *(Please tick all that apply)*	☐ Leaving Violence Program Payment	☐ Housing/Accommodation
	☐ Legal Support	☐ Mental Health Support
	☐ Drug and Alcohol	☐ DFV Counselling
	☐ Family/Parenting Support	☐ Financial Assistance
	☐ Health/GP	☐ Cultural Support
	☐ Other *(Please provide further details below):*	
If Housing / Accommodation Support is needed *(Please tick all that apply)*	☐ Assistance with housing applications	☐ Rental Arrears
	☐ Securing temporary or crisis accommodation	☐ Bond assistance
	☐ Property damage	☐ Security
	☐ Other *(Please provide further details below):*	
	Has any of this assistance already been provided? *Yes* ☐ *No* ☐ If yes, please provide details below?	

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Are there other services working with the client?	*Yes* ☐ *No* ☐ If yes, please provide name of the service/s below?	
Supporting Information / Documentation ***(Please tick all that apply & attach documentation)***	☐ ADVO	☐ Risk Assessment
	☐ Event No:	☐ Safety Plan
	☐ Police reports	☐ Rent Invoices
	☐ Bank Statements	☐ Date of last incident:
	☐ Other *(Please provide further details below):*	

Client Consent			
I give my consent to this referral and for Bunmabunmarra Services to contact the agency or service listed above. I understand that my personal information will only be shared for the purpose of facilitating this referral. All personal information is handled in accordance with the *Privacy Act* 1988 (Cth) and Bunmabunmarra Services' Privacy Policy.			
Client Signature		**Date**	
Staff Witness Name		**Signature**	
Outcome and Follow-Up			
Referral Accepted?	☐ Yes ☐ No		
Date Followed Up			
Date Referrer Notified of Outcome			

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Notes/Outcome	

Version control and change history

Approved by:	Executive Director Kristie Burge	Approval date:	8 January 2026
Date Effective:	8 January 2026	Next Review Due:	8 January 2028
Contact for Queries:	admin@bunmabunmarra.com.au		

Version Number	Approval Date	Approved by	Amendment