P: 0434 151 864 PO Box 357, Broadbeach QLD 4218

AWEN CASE MANAGEMENT & ADVOCACY

Referral Form for a **Child/Adolescent 2025**

Date of Referral:
Referred By:
Phone No:
Email:
Reason for Referral:

Reason for referral/support
☐ NDIS Support Coordination/Case Management
☐ Functional Capacity Assessment
☐ Capacity Building with Social Worker
☐ School Support/Advocacy
☐ Counselling
☐ Support Worker/Mentor
☐ Allied Health – Type:
☐ Other:

Child Details	
Name:	**M** ☐ **F** ☐ **Other** ☐ **DOB:**
Email:	**Address:**
Phone:	**School & Year Level:**
Who does the child live with?	
Are there any court orders in place? If yes, please provide a copy. Y ☐ N ☐ **Type:**	

Current Diagnosis

Family Details

Name 1:	**Relationship to Child:**
Address:	**Phone Number:**
Email:	**Interpreter Needed:** ☐Yes ☐ No **Language:**
Name 2:	**Relationship to Child**:
Address:	**Phone Number:**
Email:	**Interpreter Needed:** ☐ Yes ☐ No **Language:**
Number of siblings, name and ages:	**Does the client identify as Aboriginal or Torres Strait Islander?** ☐ Yes ☐ No

Is the child in care? Y ☐ N ☐

Organisation:

Name of Caseworker:

Email:

Phone:

Rationale for Support

NDIS

NDIS Number:

Type of management: self ☐ plan ☐ agency ☐

Plan Manager Invoices:

Plan Dates:

Weeks remaining in plan:

Suggested/Required Support:

Budget Type:

Line Number:

Budget Amount Available:

Suggested/Required Support:

Budget Type:

Line Number:

Budget Amount Available:

Comment:

Current Allied Health & Medical Practitioners

Professional	Name	Service/Company	Contact number/Email	Current?
General Practitioner				☐ YES ☐ NO
Paediatrician				☐ YES ☐ NO
Speech Therapist				☐ YES ☐ NO
Occupational Therapist				☐ YES ☐ NO
Psychologist				☐ YES ☐ NO
Social Worker				☐ YES ☐ NO
Class Teacher				☐ YES ☐ NO
Behaviour Therapist				☐ YES ☐ NO
Local Area Coordinator (NDIS)				☐ YES ☐ NO

Other Provider:

Questions or Concerns

E: support@awencma.com.au

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