



## Referral Form

### Program referring to:

Upper Hunter Family Support  
[mowen@uhcs.org.au](mailto:mowen@uhcs.org.au)  
[kmavin@uhcs.org.au](mailto:kmavin@uhcs.org.au)

Aboriginal Family Support  
[lwalklate@uhcs.org.au](mailto:lwalklate@uhcs.org.au)  
[ypalmer@uhcs.org.au](mailto:ypalmer@uhcs.org.au)

Parenting Group Worker  
[jeades@uhcs.org.au](mailto:jeades@uhcs.org.au)

Youth Development & Support Services  
[hwest@uhcs.org.au](mailto:hwest@uhcs.org.au)

<b>Client Name:</b>							
<b>Age/DOB of Client:</b>							
<b>Phone No.</b>							
<b>Additional Family Details:</b>							
Name	Surname	DOB	M/F	Relationship	Living at same address	Cultural background	Additional Needs
<b>Referring Service Provider:</b>							
<b>Referral Provider phone Number and email:</b>							



Reason(s) for referral:

Other relevant information:

Suggestion for follow up procedures by Worker:

Client or Parental consent for Worker involvement gained:

On receipt of your referral to Upper Hunter Community Services the relevant service will make contact and arrange a time to meet with the client / family. If necessary, the referring service provider and parent (if required) will be contacted. Support services can commence after appropriate permission has been gained and data collection completed.

