

OFFICE USE ONLY	
Date Application Received	
Date Registered	
Folio Number	

Services for Separated Families – Application Form

Incorporating Children's Contact Service and Stand By Me Parent Orders Program.

A SEPARATE APPLICATION FORM MUST BE COMPLETED BY EACH PARENT/CARER.

Application forms need to be returned and interviews held before parents/carers can use the service.

1. APPLICANT'S DETAILS

Name: _____ **D.O.B:** _____

Address: _____

Suburb: _____ **Postcode:** _____

Phone: (h) _____ (w) _____ (mob) _____

Relationship to Children: Mother Father Carer

Where does the child / children mostly reside: _____

SERVICE REQUIRED

CHILDREN'S CONTACT SERVICE (CCS)

Changeover **OR** Facilitated Contact

Frankston (CCS) Narre Warren (CCS) Mentone (Full Fee for Service)

PARENT ORDER PROGRAM (POP)

Stand By Me Parent Group Individual Sessions – Parent

THRIVE Children's Group Individual Sessions – Child

Highett (POP) Frankston (POP) Boronia (POP)

Referral Source (eg family court, solicitor etc) _____

Approximate commencement date of legal process: _____

Number of court appearances: _____

Do you currently have a partner?

- No Yes – living together Yes – not living together
- N/A aged under 15 years

Your highest education level

- Primary Secondary – Year 10 Secondary – Year 12
- Tertiary – Degree Never attended school

Current Employment Status :

- Employed (includes self employed)
- Unemployed (actively looking for a job)
- Not in the labour force (eg stay at home parent, volunteer, not looking for a job etc)
- Student
- N/A aged under 15 years

Gross Yearly Income (including pensions and allowances)

- \$0 - \$6,000 \$6,001 - \$34,000 \$34,001 – \$80,000 \$80,000 and over

Do you received any Centrelink payments (excluding FBT) Yes No

Disability needs

- Intellectual Physical Wheelchair Sensory Literacy
- Other _____

Applicant's Legal Representative:

Solicitor's Name: _____

Solicitor's Address: _____

Phone: _____

Fax: _____

2. OTHER PARENT/CARER APPLICANT'S DETAILS (IF KNOWN)

Name: _____ D.O.B: _____

Address: _____ Postcode: _____

Phone: (h) _____ (w) _____ (mob) _____

Relationship to Children: Mother Father Carer

Are they the: Lives with Parent Spends time / Communicates with parent _____
 Significant other

Country of Birth: _____ Languages spoken: _____

Other Parent/Carer's Legal Representative:

Solicitor's Name: _____

Solicitor's Address: _____

Phone: _____

Fax: _____

PREVIOUS APPLICATIONS

I have previously applied to use a Children's Contact Service with another organisation

Please provide the name of the previous Children's Contact Service for which you have applied.

If the application was not been accepted, please briefly state the reasons below.

I have been using a Contact Service and my service was discontinued; the reasons were:

DETAILS OF CHILD/REN TO USE SERVICE

CHILD 1 (if you have more than two children, please attach other pages)

Name: _____ **DOB:** _____ **Age:** _____

Gender: Male Female **Country of birth:** _____

Main language spoken: _____ **Preferred language:** _____

Interpreter required: Yes No

If born in a country other than Australia, in what year did they arrive in Australia? _____

Indigenous status:

- Aboriginal
- Torres Strait Islander
- South Sea Islander
- N/A
- Unknown

Specify the conditions of the Parent Orders (include copy if not already forwarded).

What do your child/ren say/tell you about these arrangements?

Describe the current arrangements as they are implemented now.

Health Matters	Yes	No	Details
Epilepsy			
Asthma			
Allergies			
Medications			
Tetanus / Other Immunisations			
Special Needs / Disability			

Independent Children's Lawyer:

Name: _____

Address: _____

Phone: _____ Fax: _____

Child 2

Name: _____ **DOB:** _____ **Age:** _____

Gender: Male Female **Country of birth:** _____

Main language spoken: _____ **Preferred language:** _____

Interpreter required: Yes No

If born in a country other than Australia, in what year did they arrive in Australia? _____

Indigenous status:

- Aboriginal
- South Sea Islander
- Unknown
- Torres Strait Islander
- N/A

Specify the conditions of the Parent Orders (include copy if not already forwarded).

What do your child/ren say/tell you about these arrangements?

Describe the current arrangements as they are implemented now.

Child 2: (continued)

Health Matters	Yes	No	Details
Epilepsy			
Asthma			
Allergies			
Medications			
Tetanus / Other Immunisations			
Special Needs / Disability			

Independent Children's Lawyer:

Name: _____

Address: _____

Phone: _____ Fax: _____

4. MANAGING YOUR PARENT ORDERS

Please outline current difficulties you are encountering in maintaining the contact arrangements.

How would you like it to be?

What strategies have you used in attempting to resolve these difficulties? (eg. negotiation, court process etc)

How do you think your child/ren would like to see their Parent Orders managed?

5. SIGNIFICANT OTHER ADULTS IN THE CHILDREN'S LIFE

(eg. aunties, uncles, grandparents etc)

Name: _____

Address: _____

Phone: _____

Relationship to child: _____

Name: _____

Address: _____

Phone: _____

Relationship to child: _____

6. INVOLVEMENT WITH COURT & OTHER SERVICES

Orders	Family Court	Magistrates Court
Current Orders Provide copies		
Previous Orders Brief Details		

Other Services involved (Counsellors etc), Name of agency, Worker:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

* Consultations with relevant services will be required as an integral part of Services for Separated Families.

* Written consent will be obtained prior to these consultations.

7. INVOLVEMENT WITH THE DEPARTMENT OF HUMAN SERVICESHas there been a Child Protection Notification? Yes No

When & Outcome: _____

Is there a current investigation/involvement? Yes No

Name of Protective Worker: _____

Office Involved: _____ Phone: _____

Comments/Additional Information:

To the best of your knowledge, do any of the following apply to you or your child/ren? For example, have you or your child/ren's other parent prior to or following separation experienced any unusual incidents as in receiving threatening or unnecessary telephone calls?

Please tick and give details regarding any concerns that may impact on your ability to participate in the program (i.e. people involved, details of incident, impact on children).

Issue	Yes	No	Details
Harassment of family members			
Stalking/following			
Unusual incidents Eg. threats, calls, letters			
Substance abuse- alcohol, drugs			

Issue	Yes	No	Details
Possession of fire arms			
Assault of family members/others			
Criminal charges/convictions			
Intervention Order/s			
Breaches of Order/s			
General or psychiatric health illness/medication			
Housing			
Disability			
Other			

The above information is true and correct:

_____ Date: _____

Please return this form and *COPIES OF ALL RELEVANT DOCUMENTS* (parenting orders, intervention orders etc.) to the address on the following page.

Please return your completed Application Form as follows:

Attention: Confidential
The Case Manager
Services for Separated Families
PO Box 19
HIGHETT VIC 3190

What Happens Next?

You will receive a letter acknowledging receipt of your application and you will be placed on a waiting list according to the service you have requested. Once you have reached the top of the waiting list an appointment will be made for you to come in for an individual Intake Assessment Interview. In the case of the Children's Contact Services, both parents' application forms will be required to proceed with the intake interview. At the Intake Interview the Service process and set up will be explained and specifically what service components may best meet the needs of both your child and yourself.

A Case Plan and Service Agreement will be developed with you specifying what services you and your child will participate in. You will be required to sign this agreement and agree to the policy and guidelines of the program.

If both parents decide to participate in the program a separate appointment will then be organized.

To participate in this program, parents must give permission for their child/ren (if assessed as necessary by the program) to participate in one or more of the following: children's groups, individual sessions, parent/child sessions or other supports offered by the Service.

PLEASE NOTE: Children are *not* permitted to attend the parent's Intake Interview. Please ensure that you make other arrangements for child care during this interview.

Further Information/ Questions

For information about this form or the Services for Separated Families, please contact:

Stand By Me - Highett
GordonCare for Children
Monday to Friday (Office Hours) Ph: 9555 1439 Fax: 9532 1608

Stand By Me - Frankston
GordonCare for Children
Monday to Friday (Office Hours) Ph: 9783 5172 Fax: 9783 5218
Please leave a message if unavailable & your call will be returned as ASAP.

Thank you for taking the time to complete this application.