



MOTHERS IN MIND – PARNIP CAS

COMMUNITY REFERRAL FORM



DATE:

REFERRING WORKER:

PHONE NUMBER:

I have received consent from my client to provide the following information.

CAREGIVER'S INFORMATION

Name:

Birthdate:

Address:

Phone Number:

Type of Phone:

Cell

Home

Work

Email Address:

Contact Preference

Marital Status:

Safe to call/leave a message?

Yes

No

Language:

Safe to email?

Yes

No

1. Is caregiver living with a person that has been abusive to client/children?

Yes

No

2. How long have you worked with client?

Under 2 mths

3 – 11 mths

1 year+

REFERRAL FORM**CHILDREN'S INFORMATION** [ONLY children referred to MIM, birth to three]

1. CHILD'S NAME:

D.O.B. [M/D/Y]:

Does the child currently attend Childcare? ☐ Yes ☐ NoCUSTODY: ☐ Client ☐ Other Parent ☐ Joint ☐ Foster Care ☐ Kinship ☐ Other**If the child is in foster/kinship care:**

2. CHILD'S NAME:

D.O.B. [M/D/Y]:

Does the child currently attend Childcare? ☐ Yes ☐ NoCUSTODY: ☐ Client ☐ Other Parent ☐ Joint ☐ Foster Care ☐ Kinship ☐ Other**If the child is in foster/kinship care:****REFERRAL REASON**

Please identify the top 2-3 reasons participation in MIM will support this family's overall child protection service plan.

- ☐ Help develop parenting strategies to sensitively manage stressful moments with child
- ☐ Increase confidence in parenting to promote greater responsiveness to child's needs
- ☐ Further develop caregiver's ability to manage their own feelings of anger/worry/stress so that the relationship/interactions with child are less impacted by these strong feelings
- ☐ Increase emotional safety for children who have been exposed to IPV
- ☐ Reduce isolation and increase connection with other families and professional support
- ☐ Help develop caregiver's self-care and self-compassion so that they are more resourced to meet the needs of their child
- ☐ Provide a supportive environment where caregiver can support their child's development through play

Thank you for completing this form. You will receive an email confirming that the referral has been received. Soon after a MIM facilitator will reach out to you to have a brief discussion. Together you will set up a MIM Collaborative Assessment Meeting with yourself, your client and the MIM team. The information on this form will be discussed together with your client.