**Nunkuwarrin Yunti Family Partnership Program Referral Form**

Nunkuwarrin Yunti Family Partnership Program:

**Address:** 141 Henley Beach Road, Mile End SA 5031 **Phone:** 08 8150 5000 **Fax 08 8150 5080**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Referral Information** | | | | | | | |
| Date of Referral | | / / | | Is the client aware of this referral? | | | Yes  No |
| Referring agency | | |  | | | | |
| Contact Person | | |  | | Phone |  | |
| Email |  | | | | Fax |  | |
| Other support services the client is linked with: | | | | | | | |
|  | | | | | | | |

|  |  |
| --- | --- |
| **Eligibility Criteria** | |
| **Pregnant Aboriginal or Torres Strait Islander woman** | Yes  No |
| **Having an Aboriginal or Torres Strait Islander baby** | Yes  No |
| First time mother and/or first opportunity to parent | Yes  No |
| Under 26 weeks pregnant | Yes  No |
| Living in Metropolitan Adelaide for the duration of the program: Yes  No | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Information** | | | | | | | | | |
| Surname |  | | | Given Name/s | | |  | | |
| DOB | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ | | | Phone Number | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Email | \_\_\_\_ | | | | | | | | |
| Address |  | | | | | | | | |
| Primary language | |  | | | | Is an interpreter required: | | | Yes  No |
| Is client receiving antenatal care? | | | Yes  No | | Estimated due date: | | | / / | |
| Previous pregnancy outcomes: | | | | | | | | | |
|  | | | | | | | | | |
| Other relevant information/history/risk factors/special needs: | | | | | | | | | |
|  | | | | | | | | | |

**Please send completed referral form to:** Nunkuwarrin Yunti Family Partnership Program

**Fax:** 08 8150 5080

**Post:** 141 Henley Beach Road, Mile End SA 5031

Please do NOT email referrals.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OFFICE USE ONLY:**  **Client registered in Local Information System** | | | | | | | | | Referral received | | | | / / | | |
| Date of consent visit | | | | / / | | | Date of enrolment | | | | | / / | | | |
| Outcome of referral | | | Accepted  Not Accepted | | | | | Referral agency notified | | | | | | | Yes  No |
| Entered on ANKA | | Yes  No | | | Entered on Communicare | | | | | Yes  No | | | | ID#: | |
| Home Visitors Allocation | | | | | | | | | | | | | | | |
| Nurse |  | | | | | Family Partnership Worker | | | | |  | | | | |

**Nunkuwarrin Yunti Family Partnership Program**

**(NYFPP)**

This program is voluntary and we encourage individuals who are keen to have added support and information throughout pregnancy and to the baby’s second birthday to self- refer or have family/friend/agency refer on their behalf. If the information on the other side of this form can be completed, that is great, however you can just ring or email contact details and we will get in touch. First thing we do is - check the person will be eligible (see below); then organise an information session around the program to help those interested to assess and check it is the right program for them.

**Who can join the program?**

* A first time mum (or first time to parent) of an Aboriginal/Torres Strait Islander baby;
* Who is early in their pregnancy (before 26 weeks) and is;
  + - Living in Metropolitan Adelaide for the duration of the program.

**What happens with this referral?**

Once received, one of the NYFPP team will make contact with the first time mother, confirm eligibility then organise an information session. This session will be delivered by experienced Aboriginal Family Partnership Workers who will be able to answer any and all of your questions around the program. If they don’t know they will find out and get back to you.

If the referral has come through an agency we will let them know the outcome of the referral.

If you want more information about the program, promotional materials or you would like the NYFPP Team to visit to explain this exciting new program, please email us on [nyfpp@nunku.org.au](mailto:nyfpp@nunku.org.au)

We look forward to hearing from you.

*NYFPP Team ☺*

***Nunkuwarrin Yunti Family Partnership Program***