**MSWP – REQUEST FORM 2020**

***Please complete this form and Email or scan to Project Coordinator at Community Migrant Resource on: [mswp@cmrc.com.au](mailto:mswp@cmrc.com.au)***

**Request Form**

|  |  |
| --- | --- |
| Date |  |
| Name of caseworker |  |
| Phone | Email |
| DCJ current concerns |  |
| Current worker safety concerns |  |
| CSC Office/District | CSC       District |
| Date requested  1st preference  2nd preference | Time requested  1st preference  2nd preference |
| CALD community/Country |  |
| Language/dialect required |  |
| English fluency | Good  Fair  Little  No English |

**Assistance required**

|  |  |
| --- | --- |
| Program area | Child protection  Out-of-home care/ Permanency Support  Family violence |
| Type of assistance requested | Initial home visit  CSC office visit  Follow-up home visit  Caseworker consultation  Case conference Other |
| Preference of gender of the worker | Male worker  Unspecified  Female worker |
| Are there any other religious or cultural considerations? |  |

**Client Information**

|  |  |
| --- | --- |
| **Mothers Family name** |  |
| **First name** |  |
| **Language spoken** |  |
| **Fathers Family name** |  |
| **First name** |  |
| **Language spoken** |  |
| **Details of children** | Name       Age        Male  Female  Name       Age        Male  Female  Name       Age        Male  Female  Name       Age        Male  Female  Name       Age        Male  Female |
| **Residential Address of Family** |  |
| **Family Composition**  **Genogram** |  |
| **C&YP Current circumstances**   * living arrangement * Safety from others * Psychological wellbeing * Language command * School matters * Familial   Relationships  **Parental history**   * Current safety concerns * Mental health concerns * Addiction issues * Anger management concerns * Arrival to Australia * Pre-arrival trauma experience   Existing support systems |  |
| **Current Carer’s history**   * safety concerns * Carer’s cultural background * Length of placement * Concerns identified in placement |  |
| **DCJ history**   * length of involvement * history of involvement |  |
| **Consultation Goal** | Cultural Support       Language Support       Case Management Input       Understanding of the Family dynamics       Impact on kids’ safety       Cultural Awareness – norms, behaviors       parenting practices       OTHER (please specify) |

**Approval**

|  |  |
| --- | --- |
| Requesting caseworker Name & signature |  |
| Casework Managers Name |  |
| Casework Manager Signature |  |