

## Agency Request for Service

*The **indigo** Project is a Family Mental Health Support Service, offering support to families, friends, colleagues and children affected by someone else's mental illness through information sessions, workshops and one on one support.*

*CLAN WA is committed to working alongside families to strengthen family life by encouraging healthy relationships, effective parenting, support networks and community participation.*

**Please note: The family referred will have access to the information on this form.**

Date: \_\_\_\_\_

**Family Details:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

What is the main language spoken at home? \_\_\_\_\_ Is an interpreter required?  Yes  No

Preferred method of contact \_\_\_\_\_

Family Members	Age
_____	_____
_____	_____
_____	_____
_____	_____

What are the identified family strengths / resources?

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What are the current issues of concern?

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Has a mental illness been diagnosed?

Yes

No

Details:

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(NB: *Diagnosis is for information purposes only and not compulsory for access to service*).

Are there any other agencies currently involved?

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Please give any relevant background information.

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Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Mobile: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you been working with the family? \_\_\_\_\_

Has this request for service been discussed with the family? \_\_\_\_\_

What was the response? \_\_\_\_\_

Has the family agreed to this information being shared? \_\_\_\_\_

Signed: \_\_\_\_\_ (Agency) Date: \_\_\_\_\_

**indigo**  
meeting you where you're at

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**CLAN WA Office use only**

- indigo family support
- Mental Health workshops / courses
- Family support
- Parent Link
- Family skills courses