

Social Prescribing Referral Form

Wilsonton Heights Neighbourhood Centre Social Prescribing Program

Helping families connect to community and enhance wellbeing.

Program Overview & Eligibility:

The Social Prescribing Program is designed to provide tailored support to families by connecting them with community resources to address social isolation and improve wellbeing. Eligible referrals include:

- Families with children under 18 (including foster and kinship carers) seeking support to strengthen community connections.
- Adults expecting a child (via pregnancy, adoption, or foster care arrangements).
- Where one or more members of the family are at risk of or experiencing loneliness or social isolation and are seeking connection with local community, groups, activities or programs.

Social Prescribing at a Glance:

What Social Prescribing is ✓	What Social Prescribing is Not ✕
A personalised pathway to community connection and support	A crisis or emergency intervention service
Focused on improving health and wellbeing at the family level	A replacement for specialised or high needs support programs
Flexible services delivered in a family friendly approach	Non-personalised recommendations

Referral Information:

- ☐ I confirm that the referred client/family qualifies for the program
- ☐ I confirm that consent was obtained from client/caregiver/guardian to make this referral

Reason for Referral: (Tick all that apply)

- ☐ Health and well-being support (e.g., sport, parenting workshops).
- ☐ Social activities (e.g., arts programs, recreational events, youth groups).
- ☐ Link Worker assistance to navigate available services within the region.
- ☐ Community engagement opportunities (e.g., volunteering).
- ☐ Other: _____

Client/Family Details:

(Provide details of the individual client or, if multiple members from one household would benefit from social prescribing, provide details of a key contact from that household)

Full Name: _____ **Date of Birth:** _____

Client Contact Information:

☐ Phone: _____ Alternative Mobile: _____

☐ Email: _____

Name of Parent/Guardian (if client is under 18 years old): _____

Parent/Guardian Contact Information:

☐ Phone: _____ Alternative Mobile: _____

☐ Email: _____

Referrer Details:

Referrer Name: _____

Organisation (if applicable): _____

Position (if applicable): _____

Contact Information: Phone: _____ Mobile: _____

Email: _____

Address: _____

Referrer signature: _____ **Date:** _____

Please send the completed referral form to:

link@whnc.com.au

For any further enquiries please contact

the Link Worker on

Tel: 0408 540 592 or Email: link@whnc.com.au