

# Referral Form

The Salvation Army Pathway of Hope is a transformative initiative that offers free, tailored support to families facing challenges, with a strong focus on nurturing children's wellbeing and helping families build brighter, more stable futures together. The Salvation Army recognises that early support is key, we are investing where families and children can benefit most.

We know that when children grow up in safe, nurturing environments, where their parents and carers feel supported, they have the best chance to thrive. That's why The Salvation Army is committed to early support - investing in families during the crucial years of a child's life

**Pathway of Hope** works alongside families, building on their strengths and aspirations. With the support of a dedicated caseworker and our local Salvos team, parents/carers are empowered to overcome challenges, strengthen their parenting skills, and create warm, connected relationships with their children. Families are linked to services and opportunities within their community—supporting both children and parents/carers to feel valued, included, and hopeful for the future.

At its heart, **Pathway of Hope** believes that every child deserves to grow up in a family that is strong, supported, and full of possibility.

## Eligibility Criteria:

- Parent / Carer with a child/children in their care, pre-birth to 12 years
- Desire to take action to change their circumstance

Pathway of Hope is available in following locations:

### Devonport Salvation Army

📍 166 William Street, Devonport Tasmania 7310

☎ (03) 6424 9211

@ [devonport@salvationarmy.org.au](mailto:devonport@salvationarmy.org.au)

### Hobart Salvation Army

📍 180 Elizabeth Street, Hobart Tasmania 7000

☎ 0447 265 529.

@ [pathwayofhope@salvationarmy.org.au](mailto:pathwayofhope@salvationarmy.org.au)

### Clarence City Salvation Army

📍 135 Clarence Street, Howrah Tasmania 7018

☎ 0447 265 529.

@ [pathwayofhope@salvationarmy.org.au](mailto:pathwayofhope@salvationarmy.org.au)

Please complete the following information and email to the closest Salvation Army centre listed on page 1.

**Referral source**, i.e. Agency, Self, internal TSA):

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**Phone:**

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**Email:**

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**Referral date:**

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**Has the family consented to the referral?**

**Consent Statement**

The Parent(s)/Carer(s) have provided their consent for this referral and agree to be contacted directly using the contact details provided in this form. They understand that the information shared will be used solely for the purpose of supporting them and their child(ren) and facilitating appropriate services. ☐ **Yes** ☐ **No**

**Reason for referral** (please give details):

## Do you know if the family is receiving support from other services?

Organisation:

Contact person:

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Email:

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Type of involment:

Organisation:

Contact person:

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Email:

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Type of involment:

Organisation:

Contact person:

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Email:

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Type of involment:

## PARENT / CARER 1

Full name: \_\_\_\_\_

What are your pronouns? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

Aboriginal or Torres Strait Islander: ☐ Yes ☐ No ☐ both ☐ Prefer not to say

Culturally and/or linguistically diverse ☐ Yes ☐ No ☐ Prefer not to say

Please specify: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Interpreter required? ☐ Yes ☐ No \_\_\_\_\_

Disabilities: (please specify): \_\_\_\_\_

Identifies as LGBTQIA+ ☐ Yes ☐ No ☐ Prefer not to say

## PARENT / CARER 2

Full name: \_\_\_\_\_

What are your pronouns? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

Aboriginal or Torres Strait Islander: ☐ Yes ☐ No ☐ both ☐ Prefer not to say

Culturally and/or linguistically diverse ☐ Yes ☐ No ☐ Prefer not to say

Please specify: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Interpreter required? ☐ Yes ☐ No \_\_\_\_\_

Disabilities: (please specify): \_\_\_\_\_

Identifies as LGBTQIA+ ☐ Yes ☐ No ☐ Prefer not to say

## CHILD 1 DETAILS (please complete one for each child)

Full name:

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☐ Male ☐ Female

Date of Birth:

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Is the child engaged in early learning/play i.e daycare/ playgroups or school?:

Conditions: Medical, Physical, developmental or disability?:

Aboriginal or Torres Strait Islander? ☐ Yes ☐ No ☐ Both ☐ Prefer not to say

## CHILD 2 DETAILS

Full name:

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☐ Male ☐ Female

Date of Birth:

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Is the child engaged in early learning/play i.e daycare/ playgroups or school?:

Conditions: Medical, Physical, developmental or disability?:

Aboriginal or Torres Strait Islander? ☐ Yes ☐ No ☐ Both ☐ Prefer not to say

## CHILD 3 DETAILS

Full name:

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☐ Male ☐ Female

Date of Birth:

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Is the child engaged in early learning/play i.e daycare/ playgroups or school?:

Conditions: Medical, Physical, developmental or disability?:

Aboriginal or Torres Strait Islander? ☐ Yes ☐ No ☐ Both ☐ Prefer not to say

Full name:

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☐ Male ☐ Female

Date of Birth:

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Is the child engaged in early learning/play i.e daycare/ playgroups or school?:

Conditions: Medical, Physical, developmental or disability?:

Aboriginal or Torres Strait Islander? ☐ Yes ☐ No ☐ Both ☐ Prefer not to say

**Additional children's details:**

**Signed (Referrer):**

**Date:**