

NSW Health Only

Affix patient label here

**Change of Details Advice Form**

**for children/young people**

**in out-of-home care**

**Updated November 2022**

**This form should be completed by DCJ and NGO caseworkers to advise the OOHC Health Coordinator of your local health district and NSW Education each time there is a change in a child or young person’s circumstances or details within 7 days.**

**Additional information is also available from the factsheet**

**Change of details/circumstances process for young people in care**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Instructions for completing and submitting the form:**    **Step 1: Completing the form:**  Complete the form, ensuring you have attached relevant information.  **Please Note:**   * Court orders do not need to be attached to this form. DCJ is legally required to provide court orders directly to schools when a child/young person enters care to ensure their safety and that parental contact orders are not breached. * Ensure spelling of the child’s name (based on their birth certificate) and court order dates are accurate to ensure this form can be processed by Health and Education.   **Step 2: Sending the form:**  **DCJ and NGO caseworkers in the following districts ONLY, please send your form to the dedicated e-mail listed below.** It will then be sent to the OOHC Health Coordinator or appropriate Department of Education contact:   |  |  | | --- | --- | | **District** | **Dedicated DCJ District e-mail** | | Murrumbidgee or Far West | [IPC-Murrumbidgee@facs.nsw.gov.au](mailto:IPC-Murrumbidgee@facs.nsw.gov.au) | | Mid North Coast | [MidNorthCoastChildProfiles@facs.nsw.gov.au](mailto:MidNorthCoastChildProfiles@facs.nsw.gov.au) | | Northern NSW | [NNSWOOHCHub@facs.nsw.gov.au](mailto:NNSWOOHCHub@facs.nsw.gov.au) | | South Western Sydney | [IPC-MetroSouthWest@facs.nsw.gov.au](mailto:IPC-MetroSouthWest@facs.nsw.gov.au) |   **All other Districts email the completed form to:**  Education:   * Government School to [oohc.cps@det.nsw.edu.au](mailto:oohc.cps@det.nsw.edu.au) * Catholic School:to the School Principal and cc [oohc.cps@det.nsw.edu.au](mailto:oohc.cps@det.nsw.edu.au) * Independent School**:** to the School Principal and cc [oohc.cps@det.nsw.edu.au](mailto:oohc.cps@det.nsw.edu.au) |
| Health:   * Relevant OOHC Health Coordinator. See [here](https://www.facs.nsw.gov.au/providers/children-families/OOHC-Health-resources-and-tools/oohc-health-coordinators) for [contact details](https://www.facs.nsw.gov.au/providers/children-families/OOHC-Health-resources-and-tools/oohc-health-coordinators).   **Step 3: Saving the Form:**  Ensure a copy of the Change of circumstance/detail’s Form for a child/young person is saved on their file either in ChildStory for DCJ caseworkers or for NGOs their record management system. |

**Sections 1, 2, 3 and 4 of this form include mandatory questions\* which must be completed for all children and young people whenever this form is submitted. Please also complete the section(s) of this form relevant to the change of circumstance that you are updating.**

1. **Information of the individual providing the change of circumstances:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:\*  Agency name:\*  Date:\*  Phone:\*  Email:\* |  | Manager’s Name:\*  Manager’s Phone:\*  Email:\*  DCJ CSC or Agency:\*  Signature:**\*** |  |
| Date:\* |  | | |

1. **Child/young person’s details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Child/young person’s name – as per birth certificate:**\*** |  | | |
| Child/young person’s name – as per Medicare card if different to birth certificate:**\*** |  | | |
| Previously named or also known as: |  | | |
| Currently known as/preferred name:**\*** | *If it is different to their legal name* | | |
| Contact details:  Address:**\***  Phone: **\***  Email: *(can include email and/or phone for young person if they consent to providing)* |  | Same address as carer Y/N | Y N |
| Date of birth:**\*** |  | Gender:**\*** |  |
| Aboriginality: Y/N | Y N | Cultural background: |  |

1. **Child/young person’s caseworker:**

**Change of caseworker**  **Change of case management**  **Confirm current caseworker**

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous details** | | **Current/new details** | |
| Name of previous caseworker**\***: |  | Name of new caseworker**\***: |  |
| DCJ CSC/Agency**\*** |  | DCJ CSC/Agency**\*** |  |
| Caseworker  Contact details:  Address**\***:  Phone**\***:  Email: |  | Caseworker  Contact details:  Address**\***:  Phone**\***:  Email: |  |
| Date of change: |  |  | |

1. **Change of placement/carer:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous details** | | **Current/new details** | |
| Name of previous carer**\***: |  | Name of current/new carer**\***: |  |
| Contact details:  Address**\***:  Phone**\***:  Email**\***: |  | Contact details:  Address**\***:  Phone**\***:  Email: |  |
| Placement period: |  | Date placement commenced: |  |
| Type of placement[[1]](#footnote-1) |  | Type of placement[[2]](#footnote-2) |  |

**Additional change of circumstances**

1. **Change of school/educational setting (preschool, alternative education/TAFE):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Previous details** | | | **Current/new details** | |
| Name of school: |  | | Name of school: |  |
| Principal’s name: |  | | Principal’s name: |  |
| Principal’s contact details:  Address:  Phone:  Email: |  | | Principal’s contact details:  Address:  Phone:  Email: |  |
| Date of starting new school: |  | | Date finished at school: |  |
| Copy of previous Education plans, reports and records requested from previous school | |  | Is the child in a supported in a class (If yes include details) |  |

**6.**  **Change of service provider:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous details** | | **Current/new details** | |
| **Name of key practitioner:**  Address:  Phone:  Email: |  | **Name of key practitioner:**  Address:  Phone:  Email: |  |
| **Name of General practitioner** (if different from above):  Contact details:  Address:  Phone:  Email: |  | **Name of General practitioner** (if different from above):  Contact details:  Address:  Phone:  Email: |  |
| **Health services:** (include name and contact details for relevant provider)  Pediatrician  Allied health (psychologist, OT, speech)  Child and Family Health Services |  | **Health services**: (include name and contact details for relevant provider)  Pediatrician  Allied health (psychologist, OT, speech)  Child and Family Health Services |  |
| **Disability Services:**  NDIS Plan active (Y/N):  Local Area Coordinator (include name and contact details): | Y N | **Disability Services:**  NDIS Plan active (Y/N):  Local Area Coordinator (include name and contact details): | Y N |
| **Disability services: Other:** (include name and contact details for relevant provider):  Behaviour Support  Therapeutic Services  Other |  | **Disability services:**  **Other:** (include name and contact details for relevant provider):  Behaviour Support  Therapeutic Services  Other |  |
| Copy of previous plans and reports included? |  | Date of starting new service: |  |

**7.  Change of legal status:**

|  |  |
| --- | --- |
| **Previous Order details:**  Previous order details:  Date commenced:  Date expired:  Allocation of PR to: |  |
| **New Order details:**  Interim or Final  Date commenced:  Date to expire:  Does the Minister hold all aspects of parental responsibility for the child/young person? Y/N  **For Health Pathway**  If no, does the Minister hold PR for the aspects of health? Y/N  Does the Minister hold joint parental responsibility for the aspect of health? Y/N  **For Education Pathway**  If no, does the Minister hold PR for the aspects of education? Y/N  Does the Minister hold joint parental responsibility for the aspect of education? Y/N | Y N    Y N      Y N |

**Please note:** the child/young should not be placed on the OOHC Health Pathway if the Minister does not have parental responsibility for the aspect of their Health. The child/young person should not be placed on the OOHC Education Pathway if the Minister does not have parental responsibility for the aspect of their Education.

**8.  Child or young person is preparing to or has exited statutory care**

|  |  |
| --- | --- |
| **Reason why child/young person has exited care:**  Restoration Y/N  Guardianship Y/N  Adoption Y/N  Leaving care (turning 18) Y/N  Date commenced: | Y N |

**9.**  **Other:**

|  |  |
| --- | --- |
| E.g. Such as significant issues relevant to the safety, welfare wellbeing of the child/young person |  |

1. Foster care, Kinship care, Intensive Therapeutic Care, Residential care, ACA [↑](#footnote-ref-1)
2. Foster care, Kinship care, Intensive Therapeutic Care, Residential care, ACA [↑](#footnote-ref-2)