



PARENT AND FAMILY DRUG SUPPORT REQUEST FOR CALL-BACK

It is very common for parents and family members to feel overwhelmed and in need of support when someone they love is using drugs or alcohol.

The Parent and Family Drug Support Line provides parents and families telephone counselling, support, information and referral options via professional counsellors 24 hours a day, 7 days a week.

Parents calling the service are also given the option to speak to a trained Parent Peer Volunteer who has 'lived experience' of a child (adult or teen) using drugs or alcohol. Trained Parent Peer Volunteers can listen to what is going on for the parent, share strategies and suggestions on what works well, and can relate to the feelings and situations the parent may be dealing with at home.

After an initial conversation with a member of the service to ascertain the parent or family member's needs and concerns, on-going call backs can be negotiated if appropriate.

Note for referring agency: If the person requesting a call-back is experiencing significant mental health issues or is at moderate to high risk of suicide or self-harm, the Parent and Family Drug Support Line is not an appropriate referral option. The parent or family member should be referred to the Mental Health Emergency Response Line: 1300 555 788 or Rural Link (for regional clients): 1800 552 002.

Name of person requesting call-back:		
Telephone No:	Home :	Mobile:
Address:		
Ethnicity:	Aboriginal <input type="checkbox"/>	Non Aboriginal <input type="checkbox"/> CaLD <input type="checkbox"/>
I hereby give the Parent and Family Drug Support Line permission to leave a message on my phone if I don't answer. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Referrer's Name and Position:		
Service Name:		
Phone Number:		Fax Number:
Is the person being referred an ongoing client of your service? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date:		
Preferred days and times to call		



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CLIENT CONSENT:

I _____ (print name) would like to be supported with telephone calls from a:

- Parent and Family Drug Support Line counsellor or
- Parent Peer Volunteer

I understand:

- Counsellors and Parent Peer Volunteers will do their best to call me at my preferred time(s). There may be occasions where Parent Peer Volunteers are unable to call at my preferred time due to their unavailability. In such instances, the next available Parent Peer Volunteer will call me.
- Counsellors and Parent Peer Volunteers will try contacting me up to three times before they will not try again. After this time I can call the service at any time should I wish to seek support. Counsellors are available 24 hours a day. Parent Peer Volunteers are generally available between 8.30am to 9.30pm, 7 days a week.
- If the Counsellor or Parent Peer Volunteer thinks that I, or any other person, are in imminent danger of being harmed they have a duty of care to call the appropriate emergency service. My call may be traced, a welfare check may be arranged and if I am a client of the agency making this referral, my counsellor will be informed.
- By agreeing to this call back referral I am giving the Parent and Family Drug Support Line and my referring agency permission to share relevant information where necessary.

Signed _____ Date: _____

Signed _____ Date: _____

(by referrer if verbal consent is provided by client).

Brief background:

Please complete and return this form via email to: parentdrugsupport@mhc.wa.gov.au

