|  |  |
| --- | --- |
| Intake completed by:       | Date of Intake:       /       /        |
| **Client Details** |  |
| Given Name:      | Phone:      |
| Middle Name:      | Address:      |
| Family Name:      | Suburb:      | Postcode:       |
| Gender: [ ]  Male [ ]  Female [ ]  Other | Email:       |
| Date Of Birth:       /       /        | Age:       | [ ]  Permission to contact via Facebook |
| **Key Documents – Do you currently have:** | Facebook Identity:      |
| [ ]  Birth Certificate | **Signed Documents** |
| [ ]  Healthcare Card – Number:       | [ ]  Indemnity |
| [ ]  Medicare Card – Number:       | [ ]  Consent to collect & share information |
| [ ]  Photo ID (please specify)       | [ ]  QHIP consent |
| **Housing Information** |  |
| **Current Residential Type (before)** | **Type of Tenure (before)** |
| [ ]  Institutional setting | [ ]  Renter | [ ]  Owner |
| [ ]  House/ dwelling | [ ]  Rent free | [ ]  No tenure |
| [ ] Improvised dwelling/ sleeping rough | Details:       |
| Details:       | Actions to find alternative accommodation [ ]  Yes [ ]  NoIf yes, details:       |
| Who are you currently living with: |
| How long have you been homeless/ at risk of homelessness?       | Department of Housing application and support letter completed and submitted [ ]  Yes [ ]  NoDetails:        |
| TILA application form been filled out and completed by client  |
| [ ]  Yes [ ]  No | **Date:**      /     /      | Are you happy for us to follow-up with Department of Housing? [ ]  Yes [ ]  No |
| Are you on the Roseberry Community Services waiting list? [ ]  Yes [ ]  No |
| Have you had a bond loan before? [ ]  Yes [ ]  NoIf yes, has this been repaid in full? [ ]  Yes [ ]  NoDetails:        |
| Have you rented through a Real Estate Agent before? |
| [ ]  Yes [ ]  No | Who?       |
| Why did that tenancy end?       | Do you have any references from previous accommodation? [ ]  Yes [ ]  NoDetails:        |
| [ ]  Requires skills to manage tenancy & accommodation[ ]  Requires independent living skills |
| **Housing Requirements** |  |
| [ ]  Crisis / Short term | [ ]  Refuge from DFV | [ ]  Lone person | [ ]  Couple |
| [ ]  Transitional/Med term | [ ]  Long term | [ ]  One parent family | [ ]  Couple with child(ren) |
| [ ]  Support to maintain  | [ ]  Homelessness Support | [ ]  Other family | [ ]  Group |
|  housing |  | [ ]  Pregnant - Due:       | [ ]  Dependants #       |
| **Partner Details** | **Dependants** |
| Given Name:      | Given Name:      |
| Middle Name:      | Middle Name:      |
| Family Name:      | Family Name:      |
| Gender: [ ]  Male [ ]  Female [ ]  Other | Gender: [ ]  Male [ ]  Female [ ]  Other |
| Date Of Birth:       /       /        | Age:       | Date Of Birth:       /       /        | Age:       |
| Phone:      | Given Name:      |
| **Risk to Children** | Middle Name:      |
| [ ] Child/ren experiencing neglect, physical abuse, emotional abuse or sexual abuse | Family Name:      |
| Gender: [ ]  Male [ ]  Female [ ]  Other |
| [ ]  Child/ren at risk of experiencing neglect, physical abuse, emotional abuse or sexual abuse | Date Of Birth:       /       /        | Age:       |
| Details:       |
| [ ]  Child/ren subject to child protection order or known to Child Safety Services |
| **Accompanying Pets** [ ]  Yes [ ]  No |
| [ ]  Child/ren working with family support services | Details:       |
| [ ]  Requires parenting skills support |
| **Income (before)** | **Employment status (before)** |
| [ ]  Nil Income | [ ]  Employed part time (less than 35 hours/week) |
| [ ]  Has no money at time of assessment | [ ] Employed full time (35 hours/week or more) |
| [ ]  Requires emergency relief payment | [ ]  Unemployed (looking for work) |
| [ ]  Centrelink benefit (please specify)        | [ ] Not in labour force (not looking for work) |
| [ ]  Awaiting Centrelink benefit | Occupation: |
| [ ]  Requires support to access Centrelink benefit | [ ]  Engaged in school/ training (student) |
| [ ]  Employee income (wage/salary) | (please specify)       |
| [ ]  Other income (please specify)       | Last grade completed:      |
| How much do you receive? $            [ ] /week [ ] /fortnight | Training /Employment areas of interest: |
| Do you owe any money? [ ]  Yes [ ]  No |       |
| Details:       |
| [ ]  Requires assistance with budgeting | [ ]  Would like assistance to access Training/Employment |
| **Financial Assistance Required** |  |
| [ ]  **Accommodation and Housing:**       | [ ]  **Independent Living:**       |
| Details:       | Details:       |
| [ ]  **Specialist Support:**       |
| [ ]  **Education, Training and Employment:**       | Details:       |
| Details:       | [ ]  Other:       |
| **Legal** | **Aggression/Violence Risk** |
| [ ]  Pending court date       /       /        | [ ]  Disclosed history of violence |
| [ ]  Outstanding legal matters       | [ ]  Disclosed history of sexual offences |
| [ ]  Current orders       | [ ]  Displays anger/ aggressive actions |
| [ ]  Requires legal assistance | [ ]  Displays impulsivity |
| Details:       | [ ]  Would like support to better self manage behaviourDetails:       |
| **Health** | **Mental Health** |
| [ ]  Currently receiving general health treatment | [ ]  Currently receiving mental health treatment |
| [ ]  Currently using medication | [ ]  Currently using medication |
| [ ]  Chronic health condition/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Recent suicide attempt |
| [ ]  Would like assistance to engage with health servicesDetails:       | [ ]  Recent suicide ideation |
| [ ]  Previous suicide attempts |
| **Substance Misuse** | [ ]  Self harm  |
| [ ]  Alcohol | [ ]  Previous in-patient stay at psychiatric hospital |
| [ ]  Drugs (list drug/s used below) | [ ]  Would like to engage with mental health services |
| [ ]  Volatile Substance Misuse | Details:       |
| [ ]  Would like to engage with AOD support |
| Details:       |
| **Vulnerability Risk** | **Next of Kin** |
| [ ]  Intellectual/ cognitive impairment | Name:     |
| [ ]  At risk of financial abuse | Phone:      |
| [ ]  At risk of sexual abuse | Address:      |
| [ ]  At risk of Domestic and Family Violence | Suburb:      | Postcode:       |
| [ ]  At risk of physical abuse | Relationship to Client:       |
| [ ]  Self-neglect (eg. Client has poor living skills) | [ ] Consent to contact in case of emergency |
| [ ]  Has limited social/family network | **Other Information** |
| [ ]  Visual risk assessment completed (hygiene, bruises, clothing etc.) |       |
| [ ]  Does the client feel safe? |
| Details:       |