|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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  No  If 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  No  Details: | | | | |
| 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  No  If yes, has this been repaid in full?  Yes  No  Details: | | | | |
| 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  No  Details: | | | | |
| 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 behaviour  Details: | | | | |
| **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 services  Details: | | | | 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: | | | |