

Intake Form



Date of Referral:

Received by:

Client Details (PUH)

Name:

DOB:

Phone:

Email:

Last Address:

Preferred means of contact?

Gender: Male

Cultural Identity: Aboriginal:

Female

Torres Strait Islander:

Intersex

Neither:

Safety

Are there immediate safety concerns? Y / N

Briefly describe:

Threats, violence or harassment? Suicidal thoughts/Self Harm? Physical Health? Nowhere safe to sleep?

Urgent interventions Required? (Include Mandatory Reporting if required)

Action	Person Responsible	Completed by date

Homelessness

Homeless At risk of Homelessness

Last accommodation:

History of Temporary Accommodation (TA)? Y / N

of TA nights in last 12 months (if known by client)?:

Main Source of Income:

Client Goals

Housing Financial Employment
Legal Transport Family Relationship
Education Mental Health Parenting/Caring
Drugs & Alcohol Living Skills Other: _____

Community Connections

Family Unit:

Name	DOB	Relationship	ATSI?

Supportive Family / Friends / Services

Name	Relationship	Contact Details

Source of Referral

Email Phone In person

Referred by:

Contact Details:

Consent

Has Client Consent been obtained? Y / N

Has the client been supplied with Rights & Responsibilities? Y / N