

ASSESSMENT

- We ask lots of questions so we can get to know you, we need to make sure we are the right service to provide the support that you need.
- You may also want to make sure we are right for you so please ask as many questions as you like.
- We prefer that you speak with us somewhere privately, we can call you back if you can be somewhere a little more comfortable and or with a support person.
- There may be some challenging questions coming up that may be sensitive, you can let us know if you don't want to answer by saying "I'm not comfortable with that question".
- This is your opportunity to discuss any concerns, or feelings you may have. It's important to us that your feelings have been heard and understood.

CONFIDENTIALITY/CONSENT

Advise young person:

The information you provide within this assessment will not be repeated to others without your consent unless for the following three reasons:

- 1) The young person is at risk of harming or killing themselves
- 2) The young person is at risk of harming someone else or committing a serious criminal offence
- 3) The young person is being threatened or harmed (physical/sexual abuse) by someone else

Privacy Statement- Important Please Read:

Your personal information is protected by law (including the Privacy Act 1988) and is collected by CORE Community Services to assist us in the delivery of services. This information is required to assist with your applications, claims or programs. Your information may be used by CORE Community Services, or given to other parties: where you have agreed to that; or where it is required or authorised by law (including for the purpose of research or conducting investigations). You can get more information about the way in which CORE Community Services will manage your personal information, including our privacy policy, at <https://corecs.org.au/privacy-confidentiality/>

*****Intake Tip: This form is designed to capture all the relevant information required for the intake assessor to determine the service response required. Not all questions will be relevant for all clients.***

CLIENT DETAILS			
Name			
Preferred name/alias			
Current address:			
Date of birth	Age	Contact number	
Email	Emergency contact		
Preferred pronoun	<input type="checkbox"/> Him/he <input type="checkbox"/> She/her <input type="checkbox"/> They/Them <input type="checkbox"/> Other:		
Young Person's gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other:		
Young Person's sexual identity	<input type="checkbox"/> Lesbian, gay or homosexual <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Asexual <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Different identity		
Are you seeking support with another person/s?	<input type="checkbox"/> Partner <input type="checkbox"/> Children <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/> N/A		
Child		D.O.B	
Child		D.O.B	
Partner/Sibling		D.O.B	
Are you currently pregnant?		Due Date	
Is there a current Child Protection Order in place?			
Do you own any pets? If so, please provide details			

CULTURAL IDENTITY			
Country of birth	Australia Citizen?	Permanent Resident?	
Ethnicity	<input type="checkbox"/> Aboriginal Islander <input type="checkbox"/> Torres Strait CALD <input type="checkbox"/> Neither <input type="checkbox"/> Other: Required <input type="checkbox"/> Interpreter		Religion
Main & Other Languages			
(If ATSI) Have you or are you currently accessing cultural supports?			
<ul style="list-style-type: none"> - Please provide details? - Preference of Male or Female Worker (for Cultural Supports) 			

SERVICES	
What previous supports and services have you engaged with?	
When did you last have contact with them? Please provide contact details	
Are you <u>currently</u> linked with any services? Please provide contact details	
Who referred you to our service?	
If Self-Referred: How did you get this contact number to call us today?	

ACCOMMODATION AND SUPPORT INFORMATION		
What type of support are you looking for?		
<input type="checkbox"/> Outreach Case Management	<input type="checkbox"/> Crisis Accommodation	<input type="checkbox"/> Transitional Accommodation
<input type="checkbox"/> AOD Counselling	<input type="checkbox"/> Parenting Support	<input type="checkbox"/> Aboriginal Specific Support
History		
Have you experienced homelessness in the past?	- Sleeping rough - TA/Refuge/Couch Surfing - No/Not Homeless	<input type="checkbox"/> In last month <input type="checkbox"/> In last 12 months <input type="checkbox"/> In last month <input type="checkbox"/> In last 12 months <input type="checkbox"/> In last month <input type="checkbox"/> In last 12 months
Where was your last permanent address? Were they family or friends? How long did you stay?		
When did you first leave your family home?		
Can you tell me why you left?		
Is there anywhere else you have previously stayed? (TA/Refuge/Extended Family/Friends)		
How long did you stay there?		
Current Situation		
Current Accommodation	<input type="checkbox"/> Private house/unit <input type="checkbox"/> Social Housing <input type="checkbox"/> Couch Surfing <input type="checkbox"/> OOHC <input type="checkbox"/> Crisis Refuge <input type="checkbox"/> TA <input type="checkbox"/> Hospital <input type="checkbox"/> JJ <input type="checkbox"/> Correctional Centre <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Car <input type="checkbox"/> Tent <input type="checkbox"/> No Dwelling/Street/Park <input type="checkbox"/> Other:	
How long can you stay there for?	<input type="checkbox"/> 24 hours <input type="checkbox"/> 24-48 Hours <input type="checkbox"/> 1 week <input type="checkbox"/> 2 weeks <input type="checkbox"/> One month <input type="checkbox"/> A few months	

	<input type="checkbox"/> Other (Not appropriate in the long term)		
What is your Address			
Who else stays there? Family or friends		Do you feel safe there?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long can you stay there for?			
Can you tell me why you don't feel safe or why you can't stay there?			
Is there anywhere else you can go where you feel safe? Have you spoken with other family members or friends? Even for a few nights? Is this something we can support you with?			
Have you accessed Link2home or temporary accommodation through DCJ Housing before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many days have you accessed? Have you had contact with them in the last 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you stayed in a refuge before? When and where was your last stay?			
Is there any reason that would prevent you going to stay in a refuge or TA?			
What are the areas you would be comfortable living in?			

RELATIONSHIPS & SUPPORT		
Mother		
Name:	Address:	Language:
Religion:	Occupation:	Consent to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Father		
Name:	Address:	Language:
Religion:	Occupation:	Consent to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
How would you describe your relationship with your parents? (Would you or your family like any support to address any current issues?)		
Siblings (How often do you have contact, how do they support you etc.)		
Name(s):		
Do you have any extended family members/partners/friends/other people who support you? (How often do you have contact, how do they support you etc.)		
Name(s):		

Do you have any difficulties in your personal relationships, getting along with others at school or work or concerns with sharing accommodation? (Please provide some examples)

MENTAL HEALTH	
Have you been diagnosed with any mental health conditions?	<input type="checkbox"/> Anxiety <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Borderline Personality Disorder <input type="checkbox"/> Complex Developmental Trauma <input type="checkbox"/> Other: <input type="checkbox"/> Depression <input type="checkbox"/> PTSD <input type="checkbox"/> Grief / Loss <input type="checkbox"/> Self Harm
Do you have any current concerns with your mental health? If yes, can you explain?	
Can you explain how your mental health affects you?	
Are you feeling unsafe with any thoughts you might be having?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>**Intake Tip – If Yes, staff will need to complete a mental health assessment and consider the appropriate response</i>
Are you currently taking any medication?	
Have you been hospitalised due to any mental health related reasons? When was the most recent hospitalisation?	
Is there anyone who supports you with your Mental Health?	<input type="checkbox"/> GP <input type="checkbox"/> Psychologist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Specialist <input type="checkbox"/> School Counsellor <input type="checkbox"/> Other:
Name of service, frequency of contact and contact details:	

***Intake Tip! Assessments can take several days to process, suggest the client reach out to their mental health professional during this uncertain time and or provide some contact numbers for support.*

GENERAL HEALTH	
Medical History: Do you have any diagnosed medical issues or medical concerns? (Chronic or serious illness, allergies, asthma, diabetes, disability, cognitive disability or learning difficulties?)	
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Are you taking any medication? How often?	
Medicare Card Number	
Health Care Card Number	
Name of GP &/or Medical Centre	
Contact Number and Address	
Do you have an NDIS package?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name & contact details of NDIS provider	

DRUG AND ALCOHOL	
Do you have any current or past drug or alcohol use? (Please provide details)	
What drugs do you/have you used?	<input type="checkbox"/> Cannabis <input type="checkbox"/> Speed <input type="checkbox"/> Cocaine <input type="checkbox"/> Ecstasy <input type="checkbox"/> Ice <input type="checkbox"/> Prescriptive drugs (Valium, Xannies, Seroquel etc.) <input type="checkbox"/> Psychedelics <input type="checkbox"/> GHB <input type="checkbox"/> Opioids <input type="checkbox"/> Other:
How much do you use a day/week?	
How much does it cost you? (Do you think you will be able to afford this while paying rent/living independently?)	
How often do you drink alcohol? (What kind of alcohol do you drink and can you estimate how much you drink?)	
Do you wish to discontinue or reduce your drug or alcohol use? Do you require support to do this?	

LEGAL	
Do you have any current or past legal issues?	<input type="checkbox"/> Bail or Parole <input type="checkbox"/> Legal or AVO <input type="checkbox"/> Location Restrictions <input type="checkbox"/> Domestic Violence <input type="checkbox"/> CCO or ICO <input type="checkbox"/> Fines
Please provide details of any charges, court matters and bail/parole/AVO/CCO/ICO conditions	
Contact details of Community Corrections Officer	

EDUCATION	
Are you currently studying?	<input type="checkbox"/> School <input type="checkbox"/> TAFE <input type="checkbox"/> University <input type="checkbox"/> Other
How's that going? How often do you attend? Or why did you leave school/TAFE? What is the highest year you completed at school?	
Institution name(s)	
Grade/Year/Course	
Other courses/qualifications completed?	

EMPLOYMENT	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	
Name of Employer	
Location	
Type of work	
How many hours do you work per week?	

Seeking Employment	
Are you seeking employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of employment are you seeking?	<input type="checkbox"/> Casual <input type="checkbox"/> Part time <input type="checkbox"/> Full time
What kind of work are you interested in? Are there any short courses that might assist you?	
Are you supported by a job provider/agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you provide their details?	

INCOME INFORMATION	
What is your main source of income?	<input type="checkbox"/> Centrelink <input type="checkbox"/> Income
Or are you awaiting a Centrelink benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Centrelink payment type	
Approximate income payment p/f	
Centrelink Reference Number (CRN)	
Debts	
Do you have any debts or unpaid bills? (Please provide details)	

Completed By:		Date & Time:	
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Client character reference: (Only needed for a referral to Crisis Refuge)			
The refuge will contact two people of your choosing for a reference check. This is usually your school, counsellor, or someone at a previous refuge. Please list two.			
Name:		Name:	
Organisation:		Organisation:	
Contact number:		Contact number:	