

Initial Assessment & Planning Referral Tool

Referral To

Agency Name:
Staff Member:
Email address:
Service:

Referral From

Agency Name:
Staff Member:
Phone Number:
Fax Number:
Email Address:
Date Referred:

Client Contact Details

Client Name:
Preferred Name/Alias:
Address:
Date of Birth:
Gender:
Phone No:
Mobile No:

Can a worker call you on this number and leave a message? Y N

Alternative Contact Details:

Country of Birth:
Indigenous Status:
Source of Income:
Labour Force Status:
Student Status:
Date of assessment:
Is an Interpreter required: Y N
If yes, please provide further information:
Emergency contact:

Household members+

<i>Other Names</i>	<i>Surname</i>	<i>Relationship</i>	<i>Gender</i>	<i>DOB</i> enter year only if estimate	<i>Cultural Identity</i>
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Summary

HOUSING:

Current Housing Situation:

Housing Need:

Housing History:

NEEDS AND RISKS:

Mental Health:

General Health:

Disability:

Drug & Alcohol:

Domestic Violence:

History of Violence/Aggression:

Legal Issues:

Debts:

Education/training/employment:

SUPPORT:

Family and Relationships:

Formal Supports:

Income:

TRANSITIONAL HOUSING:

If the referral is for Transitional Housing, please comment on:

Independent Living Skills and the client's ability to manage an independent tenancy:

What strategies or management plan has been put in place around each of the client's support needs (eg: mental health, AOD history, domestic violence, history of violence/aggression etc)

Is your service able to provide ongoing support during a Transitional tenancy?

Response Provided (include assistance provided or planned and supports needed, provided or arranged)

Housing Allocated:

Support Allocated:

Next Steps:

Target Group: (Family Violence, Young People, Indigenous, Families, Single Adults)

Main Reason for Seeking Assistance:

Housing Type Immediately Before Service Contact:

Reason for Leaving:

Tenure Type Immediately Before Service Contact:

Priority Status

Housing Need-

Support Need-

Assessment of Personal Vulnerabilities-

Status of Interim Response

Assistance Needed/Provided/Referred

Assistance to Access Housing

	Needed	Provided	Referred
Crisis/short term emergency accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional Accommodation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term community housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term private rental	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Long term other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Support

	Needed	Provided	Referred
Housing Advice and Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Advocacy/Liaison OoH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Advocacy/Liaison – Private Rental	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Advocacy/Liaison – Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Living skills/personal development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emotional support/other counselling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with VCAT hearings/other legal issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culturally specific support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreter services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with Immigrant issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance to obtain government benefit/pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Assistance/material aid (including HEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial counselling and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referral to Specialist Services

	Needed	Provided	Referred
Employment and training assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incest/Sexual assault support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family violence support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with problem gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychological services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Psychiatric services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug/alcohol support or intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical disability services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual disability services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health/medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referral to Housing Support

	Needed	Provided
Crisis accommodation support	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transitional Housing support	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Long Term Tenancy support	<input type="checkbox"/>	<input type="checkbox"/>
Other Housing Support	<input type="checkbox"/>	<input type="checkbox"/>

Consent

Client consent to share information

To record freely given informed client consent to share their information with a specific agency/ies for a specific purpose

Name:

Date of Birth:

Sex:

Section 1: Proposed Information Uses and Disclosures

1.1 Referrals

The following service(s) are recommended. It is also recommended that relevant information is forwarded to the agency(s) that provide these services, in order that consumers receive the best possible care.

Service Type Eg. - Housing support - Drug & Alcohol support	Name of Agency	Type of information (including limits as applicable) Eg. - All relevant information - Housing situation only
		All

Section 2: Record of Consumer Consent

2(a) Verbal consent

Worker Use Only

Verbal consent can be used when it is not practicable to obtain written consent.

I have discussed the proposed referrals with the consumer or authorised representative and I am satisfied that the consumer understands the proposed uses and disclosures, and has provided their informed consent to:

Referrals

Signed

·
(Worker)

Date

Worker name:

Position:

2(b) Written Consumer Consent

My worker/practitioner has discussed with me how, and why certain information about me may need to be provided to other service providers. I understand the recommendations and I give my permission for the information to be shared as detailed above.

Signed

.....
Signed by Client or Authorised representative

Date

Name:

Witnessed:
(worker)

Worker name:

Position:

Informed of privacy/confidentiality & storage of personal information Y N
Provided with hard copy of clients rights and confidentiality Y N