**CLIENT INTAKE FORM**

Referral Date: Intake notes:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CLIENT NAME |  | | | |
| DATE OF BIRTH | Click or tap to enter a date. | | GENDER  MALE  FEMALE  OTHER | |
| ADDRESS |  | | | |
| PHONE | HOME: MOBILE: | | | |
| EMAIL |  | | | |
| Preferred method of contact | PHONE  EMAIL  LETTER  OTHER | | | |
| Preferred method to meet | IN OFFICE  HOME VISIT  SKYPE  OTHER | | | |
| DISABILITY/DIAGNOSIS |  | | | |
| PRESENTING ISSUE |  | | | |
| ROYAL COMMISSION  Is this referral related to a Royal Commission? | Yes  No  If so, which one? RC into Violence, Abuse, Neglect and Exploitation. | | | |
| FUNDING | NDIS PLAN  AGED CARE PACKAGE  PIR  CARE COORDINATION (Previously case management) ☐  NONE  OTHER | | | |
| ANY SUPPORT FROM OTHER AGENCIES? |  | | | |
| COUNTRY OF BIRTH |  | LANGUAGE | |  |
| DECISION MAKING  Provided Proof: ☐Yes ☐No ☐N/A | SELF  GUARDIAN  EPOA  NAME: RELATIONSHIP:  CONTACT DETAILS: | | | |
| **EMERGENCY CONTACT** | CARER  PARENT  PARTNER  GUARDIAN  NONE  NAME: CONTACT: | | | |
| **REFERRAL FROM** | Service Provider  Self  Government  Friend  Family  Other  NAME: CONTACT: | | | |
| **OFFICE FOR REFERRAL** | Bendigo  Shepparton  Geelong  Horsham  Mildura  Not specified | | | |
| **Consent (verbal or written) must be gained for staff to contact\*** | Verbal  Written  No Consent  \*If unable to gain consent, please be advised that we are unable to continue to assist an individual. | | | |
| **Do you consent for RIAC or our auditors to contact you in the future** | Yes  No | | | |

|  |  |  |
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| **Diversity**  **Please Tick All that apply** | Aboriginal/Torres Strait Islander (ATSI) |  |
| Veteran/Spouse |  |
| Carers |  |
| Parents Separated from Children by forced adoption/removal |  |
| Care Leaver *(forgotten Australians, Stolen Generation or Child Migrants)* |  |
| Dementia/Memory Loss |  |
| Financially Disadvantaged/ Homeless/ Socially Isolated |  |
| Culturally and/or Linguistically Diverse (CALD) |  |
| Aged/Frail |  |
| Gender or Sexually Diverse (LGBTI) |  |
| Rural/Remote |  |

**PLEASE EMAIL COMPLETED REFERRAL TO** [**referrals@riac.org.au**](mailto:referrals@riac.org.au)

**A staff member will make contact after our weekly intake meeting**

This form was last updated October 2019