**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 [x]  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 MAKINGProvided 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 [ ]  |

|  |  |
| --- | --- |
| **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**

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

This form was last updated October 2019