**INTAKE FORM**

Referral Date: Click or tap to enter a date. Intake notes:Click or tap here to enter text.

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| CLIENT NAME  (Can be a pseudonym) | Click or tap here to enter text. | |
| **REFERRAL FROM** | Service Provider  Self  Government  Friend  Family  Other  NAME: CONTACT: | |
| **How did you hear about RIAC?** |  | |
| **Verbal Consent** to self-refer or make referral to RIAC on behalf of someone else? | Yes  No  Unknown | |
| Does the person have a legal guardian or EPOA? | Yes  No  Unknown | |
| DATE OF BIRTH\*  (Can be estimated) | Click or tap to enter a date. | GENDER  MALE  FEMALE  OTHER |
| Identify as Aboriginal or Torres Strait Islander? | Yes  No  Unknown | |
| Country of birth  Language spoken at home |  | |
| ADDRESS | Click or tap here to enter text. | |
| PHONE | HOME: Click or tap here to enter text. MOBILE: Click or tap here to enter text. | |
| EMAIL | Click or tap here to enter text. | |
| Preferred method of contact | PHONE  EMAIL  LETTER  OTHER | |
| Preferred method to meet | IN OFFICE  HOME VISIT  ONLINE  OTHER | |
| DISABILITY/DIAGNOSIS\*  \***MUST PROVIDE A RESPONSE HERE IF THEY ARE NOT A CARER** | Intellectual Learning  Psychosocial  Sensory/Speech  Physical/Diverse  Unknown | |
| Consent for future contact for survey / research / evaluation | Yes  No  Undecided | |
| Consent to be contacted by Auditors for feedback. | Yes  No  Undecided | |
| PRESENTING ISSUE  (Advocacy Issue or Assistance requirement) | Click or tap here to enter text. | |
| ROYAL COMMISSION  Is this referral related to a Royal Commission? | Yes  No  If so, which one? Eg. DRC into Violence, Abuse, Neglect and Exploitation.  Click or tap here to enter text. | |
| ANY CURRENT FUNDING? | NDIS PLAN  AGED CARE PACKAGE  CARE COORDINATION ☐ NONE  OTHER Click or tap here to enter text. | |
| ANY SUPPORT FROM OTHER AGENCIES? | Click or tap here to enter text. | |
| **EMERGENCY or OTHER CONTACT** | CARER  PARENT  PARTNER  GUARDIAN  NONE  NAME: Click or tap here to enter text. CONTACT: Click or tap here to enter text. | |
| **OFFICE FOR REFERRAL** | Bendigo  Shepparton  Geelong  Mildura  Other  Please list other area: Click or tap here to enter text. | |

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