**INTAKE FORM**

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

|  |  |
| --- | --- |
| 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 birthLanguage 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**