St Michael's Family Centre Ltd – Supported Accommodation
Initial Intake/Referral Form

Once completed this form may be lodged via:
Email: familysupport@stmichaelsfamilycentre.net.au or
Fax: (02) 9639 7956

Date: ____________________

Referral Source: ☐Self ☐Friend ☐Family ☐Hospital/Com. Health ☐Police ☐Community Services ☐Housing NSW ☐Centrelink ☐Other SAAP service ☐Church ☐School ☐DVLine ☐Homeless Persons ☐Other____________

REFERRING AGENCY:

Agency: ____________________
Worker: ____________________ Position: ____________________
Phone: __________ Mobile: __________ Fax: __________
Email: ____________________
How long has agency known client? ____________________
Ref. Information: ____________________

CLIENT:

Name: ____________________ Age: __________
Phone: __________ Mobile: __________
Present Address: ____________________
How long? __________ With whom? __________

Previous Address ____________________
How long? __________ With whom? __________

CHILDREN:

Name: ____________________ M/F Date of Birth: __________
Name: ____________________ M/F Date of Birth: __________
Name: ____________________ M/F Date of Birth: __________
Name: ____________________ M/F Date of Birth: __________
Do any of the children have any special needs? ____________________

Is client pregnant? Yes/No Months? EDC
Is client booked into hospital? Yes/No Where?

Country of Birth: Language: Religion:
Does the client require an Interpreter? Yes/No Language:
How long has client lived in Australia?
Is client: Aboriginal? Yes/No or Torres Strait Islander: Yes/No

Residency Status: ☐Citizen ☐Permanent Resident ☐Temp.Visa ☐Other

Source of Income: Income: $ per week/fortnight
Debts:

Does client have any of the following issues?
Drugs? Yes/No
Alcohol? Yes/No
Psychological/Mental Health? Yes/No
If yes to any of the above, is client currently seeing a doctor, health service or professional? Yes/No
Name: Service:

Any legal Issues (e.g. AVO, Family Law, Criminal Law, etc):

Why is client in need of accommodation?

Office use only:

Date Referral Form Received:

Interview date & time set: Yes/No
Interview attended: Yes/No

Client accommodated:
Yes Cottage/room: Entry date:
No Reason:

Information about other services given: Yes/No
Details: