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| --- | --- |
| **Resource Name** | Emergency Relief Client Intake Form |
| **Related Documents and/or Information** | * Your organisation’s Client Intake Policy and Procedures * Your organisation’s Client Intake Forms (eg for other services) * Your organisation’s funding contracts   NB: This is a ‘one size fits all’ form, and is therefore quite long – you may want to split the information into more than one form if that is more appropriate for your service delivery models and/or intake processes. There may be specific tools and questions that your organisation uses which you can add or adapt as appropriate. |
| **Version 2.0** | 24 May 2018 |

**About this document**

This document is part of a suite of resources developed by Matrix to assist organisations delivering Emergency Relief services in Australia. We gratefully acknowledge the generous assistance provided by the following organisations, who provided examples of their own documents to inform the development of this set of resources.

**Community Information and Support Victoria - CISVic**

**Lutheran Community Care SA/NT**

**Using this document**

This resource is intended to provide a starting point for the development of appropriate Emergency Relief service forms, policies, procedures, processes and other documents. It is provided as a ‘white label’ template, which means that it may be customised to suit the needs of your organisation. Text in *italics and highlighted in blue* indicates customisation is required. Matrix strongly recommends that the whole document is carefully reviewed to ensure that the details are compliant with your organisation’s funding agreements, contracts, service standards and policies. We have kept formatting to a minimum, as your organisation may require specific formatting to be applied to the final document.

Your organisation’s decision making or delegation policies and procedures should be followed to ensure appropriate approvals are obtained.

It is good practice to review and update any formal documents on a regular basis. We have included a ‘document review’ field in the footer of this document for this purpose.

Please contact Matrix on (freecall) 1800 628 749 or mobct.com.au if you have any questions or problems using this resource.

*Delete this cover page after reading*

# **Emergency Relief Client Intake Form**

The service you are about to receive from *(insert organisation name)* is funded by the Australian Government. As part of the service agreement, and to ensure we provide the best service possible we need to collect some personal information about you. The information we ask you to provide in this form is protected by the Privacy Act 1988 and other laws. These laws establish national standards for the way your information is handled. Please read and sign *(insert organisation name)* Client Information Consent Form before you fill out the details below. **You are entitled to withdraw your consent at any time.**

|  |  |
| --- | --- |
| Have you read, understood and signed the *(insert organisation name)* Client Information Consent Form? | * Yes * No |
| Do you consent to the *(insert organisation name)* worker collecting the personal information on this form and keeping notes of their conversation with you and notes of any further actions taken? | * Yes * No |
| Do you consent to someone from *(insert organisation name)* possibly contacting you to inform you of suitable programs? | * Yes * No |

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| --- | --- | --- | --- | --- |
| **Date:** |  | | | |
| **Name:** |  | | | |
| **Is this your real name?** | * Yes * No | **Gender:** | | * Male * Female * Intersex * Indeterminate |
| **Date of Birth:** |  | **Is this an estimated date of birth?** | | * Yes * No |
| **Phone:** |  | **Mobile:** | |  |
| **Current Address:** |  | **Town/Suburb:** | |  |
| **Postcode:** | |  |
| **I am:** | * Aboriginal * Torres Strait Islander | | * Aboriginal and Torres Strait Islander * Neither | |
| **Country of Birth:** |  | **Language spoken at home:** | |  |
| **Interpreter needed?** | * Yes * No | **TIS Reference Number:** | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Who referred you to us?** | | | | | | | | |
| * Self * Family/Friends * Internal *(insert your organisation name)* | | | * Employment Agency * Legal Agency * Medical Agency (eg GP) | | | * Allied Health Agency * School * Centrelink * Other: | | |
| **I would like help with:** | | | | | | | | |
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| **Who are you are seeking emergency relief for (per household)?** | | | | | | | | |
| **First Name** | **Family Name** | | | **Relationship to you** | | | | **Date of Birth** |
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| **Housing:** | * Fully owned house * Buying house * Renting – private * Renting – public | | | | * Boarding/Lodging * Homeless * Other | | | |
| **Household Composition:** | | | | | | | | |
| * Living alone * Couple | | * Group (related adults) * Group (unrelated adults) | | | | | Number of dependant(s): | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Main source of income:** | | | | | | |
| * Employee salary or wages * Self employed * Superannuation and/or investments | | | | * Centrelink * No income * Other: | | |
| **Centrelink Payment Type(s):** | |  | | | | |
| **(Optional) Net Income (after tax): $** | | | | | | |
| * Weekly | * Fortnightly | | | * Monthly | | * Annually |
| **Are you on Income Management?** | | | * No | | * Compulsory | * Voluntary |

**If born overseas:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ancestry:** |  | | | **Date of first arrival in Australia:** | | |  |
| **Visa Category and Residency Status:** | | | | | | | |
| * Humanitarian | | * Family | | | * Skilled | | * Bridging |
| * Tourist | | * Other: | | | | | |
| * Australian Citizen | | | * Permanent Resident | | | * International Student | |

*To be completed by the Intake Worker:*

|  |  |  |
| --- | --- | --- |
| **Assistance Provided:** | | |
| * Intake/Assessment * Transport Assistance * Information/Advice/Referral * Material Goods | * Food Parcels, Food Vouchers * Utility Bills Assistance * Advocacy, Support | * Dispute Resolution * Health Care Assistance * Other: |
| **Voucher Type** | **Voucher Number** | **Voucher Amount** |
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| **Goods Provided** | | **Value/Amount** |
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| **Case Notes, including details of any referrals:** | | |
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| **Worker Name:** | | |
| **Worker Signature:** | | |