

# OSS Incoming Client Referral

P: 1800 353 199

Entered in CIMS Data Base



Date Received \_\_\_\_\_ Time \_\_\_\_\_ am/pm Taken by \_\_\_\_\_

Client Name \_\_\_\_\_ Aka \_\_\_\_\_ Sex M/F

DOB \_\_\_\_\_ Contact Number \_\_\_\_\_

**Is this a DV issue? Y / N**

Yes - ask the following questions

No - skip to table below

Can you talk openly? Y / N

**If No** - Tell them to answer yes or no to the rest of the questions

Are you safe at the moment? Y / N

**If No** - Can you get out of the house? Y / N

Do you need us to ring the Police? Y / N

How long can you safely stay where you are: \_\_\_\_\_

Do you have anywhere safe to go? Y / N

If Yes where? \_\_\_\_\_

Can you be called safely by phone? Y / N

What is the phone number: \_\_\_\_\_

Are you able to gather important documents and hide them safely, in case you need to leave quickly? Y / N

Are there children involved? Y / N

## Family Members

First Name	M / F	DOB	Age	School attending	Comments / Relationship to client

Cultural Identification CALD

Aboriginal

Other

Circumstances \_\_\_\_\_

**Self Referral** Yes No

Referral Agency \_\_\_\_\_ PH : \_\_\_\_\_  
Referring Officer \_\_\_\_\_

**Current Landlord**

Housing NSW   
Compass   
Housing Plus   
Private / Agent

**Tenancy Issues**

Eviction risk   
Squalour   
Behaviour   
DV   
Tribunal   
Child Care   
Neighbour dispute   
Young   
Other

**Immediate Needs**

Safety   
Accommodation   
Meals   
Clothing   
Health Checks   
School for kids   
Child Care   
D&A Rehab   
Bond/Rent

**Financial**

Centrelink   
Rent arrears   
Debt   
Damage

Suitable service  Sturt   
Womens Refuge

Tenancy Support

**Childrens needs**

**Parents Needs**

Notes \_\_\_\_\_

Advised house rules **Drug & Alcohol Free, Shared house work, Shared bedrooms & 10.30pm Unit locked, \$20p/n**

History & Notes <small>(Please expand on reverse side if necessary)</small>	Initial Risk	# Risk H M L
History of Drug Use Y / N                      Currently Using Y / N                      Treatment ?		
History of Alcohol Y / N                      Currently Using Y / N                      Treatment ?		
History of Mental Health Y / N                      Currently being treated Y / N                      Under Control Y / N Last episode :                      Last Stay in Hospital :                      Meds Y / N (Webster pack Req) Diagnosis: Schitz / Depression / Anxiety / Bi-Polar                      Other : _____ Self Injurous behaviour Y / N                      Mental Health Case Manager / Active Plan Y / N		
History of Aggression or violence to Others Y / N		
Prepared to Share a room Y / N                      (Crisis Accommodation Only)		
Prepared to do Household chores Y / N                      (Crisis Accommodation Only)		
Involved in any legal process Y / N                      Probation / Parole / Bond / AVO / Other / Bail Referral from Community Corrections Y / N Probation & Parole contact :		
<b># Risk Assessment</b> High                      :if likely to use or relapse; untreated ; likely to be an issue in a Community House. Medium                      : if unlikely to use or relapse ; undergoing treatment ; no indicators of Shareing issues Low                      : if no history of		
Date Requested        /        /                      Accepted / Not Accepted                      Reason:		
<b>Follow up Contact : Dates;Notes;Staff Name etc</b>		
	Next of Kin	
	Previous tenancy	
	Previous at Sturt House	
<i>email to: intake@oranasupport.com.au</i>		