Service Integration

Referral Information:

Referral date:

Referring Service:

Referring Worker:

Referral location: Please select

Contact (Email):

Contact (Phone):

Service Integration Group referred to: Please select

Please send the completed Client Information, Consent and Referral form to your local ***Service Integration Facilitator:***

Their contact details are available here on The Deck.

Client details:

All adults who are to be discussed as part of the referral, will need to have provided consent.
Please reach out to your Service Integration Facilitator if this is an issue.

Name:

Date of Birth:

Gender identity: Please select

Household type: Please select

Pronouns:

Number of adults:

Number of children:

Number of dependents (18-24):

Client contact details:

Cultural background:

First language:

Children/ dependents details (*insert more in Overview if needed*)

	Name	***Gender identity***	***Date of Birth***
1.			
2.			
3.			

Interpreter Required: Yes ☐ No ☐

Does any member of the household identify as LGBTQIA+? Yes ☐ No ☐

Housing situation: Please select

Has the client or any member of the household served in the Australian Defence Force? Yes ☐ No ☐ Unknown ☐

Self-Care, Communication and Organisation: Please select

Main source of household income: Please select

Does the household have a housing application: Please select

Service Integration

Identified Needs:

Do any of the household members require support for the following areas? *(all fields must be completed)*

Physical Health	Please select
Mental Health	Please select
Financial Difficulties	Please select
Legal	Please select
Disability	Please select
Decision Capability (Formal guardianship or trustee)	Please select
Problematic gambling	Please select
Problematic Alcohol and/or drug use	Please select
Domestic and Family Violence	Please select
Sexual Violence	Please select
Hoarding and Squalor	Please select
Employment and Training difficulties	Please select
Lack of family and/or community support	Please select
Discrimination (Including institutional, racial, social, disability, sexual discrimination)	Please select
Current involvement from Child Safety	Please select
Transition from custodial arrangements	Please select
Transition out of foster care or child safety	Please select

Please provide more information around any identified needs on the next page.

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Overview:

Current location:

If you have identified needs on the previous page, provide more information here to inform the assessment:

Background - has anything significant led to current situation, what has been already tried, are there any barriers being experienced, housing history:

Goals - what does the household want to achieve with the referral to the Service Integration Group:

Service Integration

Overview Contd:

Identified strengths:

Any identified risks:

Current support agencies:

Any other information: