



# INTAKE / REFERRAL FORM

Date	
Worker Contacted	

Client Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>(Referrer Must Obtain Consent)</b>		
Referrer Name		Organisation	
Phone		Feedback Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email			
Confidentiality policy explained to client	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Confidentiality policy to be explained to client:** All information Gateway Family Services (GFS) collects and stores is confidential. Gateway does not provide any identifying information to a 3<sup>rd</sup> party unless we believe a client has either harmed or intends to harm themselves or someone else, or it is required by law. Gateway Family Services may use de-identified information for data collection.

Name of Client		DOB	
Gender		Age	
Address			
Suburb		P/Code	
Phone		Mobile	
Email			

Family members				Age	Gender
Partner		D.O.B			
Child		D.O.B			
Child		D.O.B			
Child		D.O.B			
Child		D.O.B			

Permission to leave a message on these numbers?

Yes  No

Referral Information	
<ul style="list-style-type: none"> <li>How did you hear about this service? <input type="checkbox"/> Health <input type="checkbox"/> School <input type="checkbox"/> Childcare <input type="checkbox"/> Playgroup <input type="checkbox"/> Parent Group <input type="checkbox"/> Other</li> <li>Name of Organisation:</li> </ul>	

Is the client Aboriginal or Torres Strait Islander?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander
What countries were the Parents/Carers born in?	
What is the language spoken most often at home?	<input type="checkbox"/> English <input type="checkbox"/> Other, please specify:
Is an Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reasons for referral (please tick)	
<input type="checkbox"/> <b>Essentials</b> (groceries, vouchers, bill help etc)	
Details:	
<input type="checkbox"/> <b>Evolve</b> (parenting groups and programs)	
Details:	
<input type="checkbox"/> <b>Enrich</b> (provide further details on back page)	
<input type="checkbox"/> Home Visiting Family Support <input type="checkbox"/> Counselling <input type="checkbox"/> Play Therapy <input type="checkbox"/> Art Therapy	

Child Protection Concerns:			
Are there any concerns for the safety of the children?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Referrer aware of reports being made regarding the safety and/or well-being of the children?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Orders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Apprehended Violence Orders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervised Access Orders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parenting Orders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bail Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	
Details: (safety concerns / reports / orders)			

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**Following questions for Enrich referrals (Family Work, Counselling, Play or Art Therapy)**

What would be most useful for your family? In what way could Gateway be helpful to your family?

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Who else is helping you with this? (friends, families, services?)

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What is working for your family, or going well at the moment? (What are your family's strengths?)

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**Other issues**

Parenting / Family

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Mental Health

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Alcohol and Other Drugs:

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Financial / Housing:

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Health / Disability:

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**Other Agencies involved:**

Agency 1:		Worker Name	
Contact Details		Will the agency continue	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency 2:		Worker Name	
Contact Details		Will the agency continue	<input type="checkbox"/> Yes <input type="checkbox"/> No

**For Family Work referrals:**

**Is there any reason why it might not be safe to visit you at home?**  Yes  No  Unsure

- NB
- 1. Animals in the home:
  - 2. Other residents:
  - 3. Other:

**Once form is completed, please save and email to:  
referrals@gatewayfamilyservices.org.au**