# GFS Intake Form

**Client Consent** (for other than self-referrals)  
- Yes O  
- No O  
(Referrer Must Obtain Consent)

**Confidentiality Policy** to be explained to client (for self-referrals)  
- Yes O  
- No O

**Confidentiality Statement**: All information we collect is confidential. We do not provide any identifying information to a 3rd party unless we believe a client has either harmed or intends to harm themselves or someone else, or it is required by law. We may use de-identified information for data collection.

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## Referral Information

- **How did you hear about this service?**
  - Health O
  - School O
  - Childcare O
  - Playgroup O
  - Parent Group O
  - Other O

- **Name of Organisation:**
  - Health  
  - School  
  - Childcare  
  - Playgroup  
  - Parent Group  
  - Other

**Names of other Family members**

<table>
<thead>
<tr>
<th>Partner</th>
<th>D.O.B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>D.O.B</td>
</tr>
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<td>Child</td>
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</tr>
</tbody>
</table>

**Reasons for referral (please tick)**

**Essentials / Evolve Services**

- Family Crisis  
- Financial Hardship  
- Parent Group  
- Information / Referral

Details:

**Enrich Services**: (provide details on back page)

- Family Work  
- Counselling  
- Play Therapy  
- Art Therapy

**Child Protection Concerns**

- Are there any concerns for the safety of the children?  
  - Yes O  
  - No O

- Is the Referrer aware of reports being made regarding the safety and/or well-being of the children?  
  - Yes O  
  - No O

**Contact Orders**

- Yes O  
- No O  
- Apprehended Violence Orders O  
- Parenting Orders O  
- Other O

**Supervised Access Orders**

- Yes O  
- No O

**Bail Conditions**

- Yes O  
- No O

Details:

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*Updated: May 2020*
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?

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

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

Other issues (This is to record info that may arise during the intake discussion. You do not need to specifically ask about these issues during intake)

Parenting / Family

Mental Health

AOD:

Financial / Housing:

Health / Disability:

Other Agencies involved:

<table>
<thead>
<tr>
<th>Agency 1:</th>
<th>Worker Name</th>
<th>Will the agency continue</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Details</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency 2:</th>
<th>Worker Name</th>
<th>Will the agency continue</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Details</td>
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<td></td>
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</table>

For Family Work referrals:

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

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