

Who can we support? Families with children, 0-18 years, who live in the Parramatta LGA

Eligibility Criteria: ***Child/Family Support:*** pregnancy 0-13, low/med risk, of either experiencing vulnerabilities that impact on the capacity to protect children/teens if not addressed and unable to meet needs through universal services. ***Youth/Family Support*** is 12-18 years old, or be a family with a 12-18 year old, low/med risk of either experiencing vulnerabilities that have the potential to adversely impact health, safety or wellbeing, is at risk of homelessness, or if a parent, adequately protect the child/young person and unable to meet needs through universal services.

Please complete **all** areas, and return form to: admin@hopeconnect.org.au
 For more information, please call the Intake Worker on 9638 7955

REFERRER DETAILS				Date of Referral		
First Name				Last Name		
Organisation				Or	Self Referral	Family/Friend
Position				Or	Relationship to client	
Phone				Email		
Consent	Yes	No				

CLIENT DETAILS											
First Name				Last Name							
Address											
Suburb				Postcode			Date of Birth				
Phone				Email							
Gender			ATSI	Yes	No	CALD	Yes	No	Formal diagnosis	Yes	No
Are either of the parents under 21 years of age?			Yes	No	Country of Birth						

PARTNER/PRIMARY CAREGIVER DETAILS												
First Name					Last Name							
Address												
Relationship to client						Date of Birth						
Phone					Email							
Gender			ATSI	Yes	No	CALD	Yes	No	Formal diagnosis	Yes	No	

CHILDREN							
Name (First & Last)	D.O.B	Age	Gender	Formal Diagnosis(Y/N)	Primary custodial caregiver	ATSI	
1							
2							
3							
4							
5							
6							
7							
8							

HELPFUL INFORMATION FOR US	
Main language spoken at home	
Best method of communication (mobile/email)	
Availability (specify days and times available)	
Communication support needs Hearing/vision/Reading & Writing/Interpreter	
Services already involved	
How did you hear about us?	

CURRENT CONCERNS (please tick)			
School attendance		Domestic Violence	
Vocational/Training		Threats/Harm	
Employment		Hoarding	
Accommodation		Parenting	
Isolation		Children at risk	
Financial			
Mental health concerns			
Abuse (sexual/psychological /physical/financial)			
Addiction (drug, alcohol, gambling, sexual, gaming)			
Wellbeing (physical, emotional, spiritual, cultural)			

MY STORY

SAFETY INFORMATION					
ACCOMMODATION					
Type of accommodation:					
House	Flat	Caravan	Homeless	Supported Accommodation	
Private	Community Housing		DOH	Temporary	Other
Access					
Risks					
Pets					
Firearms					

DOMESTIC VIOLENCE SAFETY ASSESSMENT QUESTIONS (if applicable)					
Name of person committing violence:					
What is their relationship to the client:					
Please indicate types of abuse perpetrated:			Verbal	Emotional /Psychological	Spiritual
Financial	Cyber bullying / harassment	Social	Sexual abuse /control	Physical	Fear /Intimidation
Is there an ADVO in place?		Yes	No		
If YES - Provisional Interim Final					
Please provide details about how the AVDO came into place					
What are the conditions/orders of the ADVO:					
When did it commence?				When does it expire?	
Has the AVDO been breached?		YES	NO		
If YES please provide details:					
Start Safely Housing details					

ACTION (office use only)	
Intake Worker	
Date received	
Client Accepted	YES NO
Reason for decline	
Allocated To	
Date Allocated	