

**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](mailto:admin@hopeconnect.org.au)  
 For more information, please call the Intake Worker on 9638 7955

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

<b>CLIENT DETAILS</b>					
<b>First Name</b>			<b>Last Name</b>		
<b>Address</b>					
<b>Suburb</b>			<b>Postcode</b>		
<b>Phone</b>			<b>Email</b>		
<b>Gender</b>		<b>ATSI</b>	Yes	No	<b>CALD</b>
			Yes	No	<b>Formal diagnosis</b>
			Yes	No	
<b>Are either of the parents in the family under 21 years of age?</b>			Yes	No	

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

<b>CHILDREN</b>						
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

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

<b>DOMESTIC VIOLENCE SAFETY ASSESSMENT QUESTIONS (if applicable)</b>					
<b>Name of person committing violence:</b>					
<b>What is their relationship to the client:</b>					
<b>Please indication types of abuse perpetrated:</b>			Verbal	Emotional /Psychological	Spiritual
Financial	Cyber bullying / harassment	Social	Sexual abuse /control	Physical	Fear /Intimidation
<b>Is there an ADVO in place?</b>	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					

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