



Initial Assessment and Planning referral tool for SAAP entry points

Referral To

Agency Name: **HomeGround Services**
Service: Initial Assessment and Planning
Fax Number: 03 9537 7991 – Inner & Middle South (St Kilda)
03 9288 9602 – Inner North (Collingwood)
Vacancy:

Referral From

Agency Name:
Staff Member:
Phone Number:
Fax Number:
Email Address:
Date Referred:

Consent to refer must be obtained prior to referral being made.

Attach the Initial Assessment and Planning form to this prior to forwarding to referral agency.

Consent

Client consent to share information

To record freely given informed client consent to share their information with a specific agency/ies for a specific purpose

Name:

Date of Birth: dd/mm/yyyy

Sex:

Section 1: Proposed Information Uses and Disclosures

1.1 Referrals

The following service(s) are recommended. It is also recommended that relevant information is forwarded to the agency(s) that provide these services, in order that consumers receive the best possible care.

Service Type Eg. - Housing support - Drug & Alcohol support	Name of Agency	Type of information (including limits as applicable) Eg. - All relevant information - Housing situation only

1.2 Victorian Homelessness Data Collection

Consent is sought for information about clients and the services they receive to be recorded by the agency and sent in a format that *does not identify the client* to the Australian Institute of Health and Welfare, for statistical reporting purposes.

Section 2: Record of Consumer Consent

2(a) Verbal consent

Worker Use Only

Verbal consent can be used when it is not practicable to obtain written consent.

I have discussed the proposed referrals with the consumer or authorised representative and I am satisfied that the consumer understands the proposed uses and disclosures, and has provided their informed consent to:

Referrals

Signed

.....
(Worker)

Date/...../.....(dd/mm/yyyy)

Worker name:.....

Position:.....

2(b) Written Consumer Consent

My worker/practitioner has discussed with me how, and why certain information about me may need to be provided to other service providers. I understand the recommendations and I give my permission for the information to be shared as detailed above.

Signed

.....
Signed by Client or Authorised representative

Date/...../.....(dd/mm/yyyy)

Name:.....

Witnessed:.....
(worker)

Worker Name.....

Position:.....



Initial Assessment and Planning form

Client Contact Details

Client ID:
 Client Name:
 Preferred Name/Alias:
 Address:
 Date of Birth:
 Gender:
 Phone No:
 Mobile No:
 A message can be left on message bank: Y N
 Alternative contact details

Household members

Other Name:	Surname:	Relationship	Gender	DOB <small>put year only if estimate</small>
--------------------	-----------------	---------------------	---------------	---

Service Contact

Date of initial assessment:

Service Contact Setting:

Office Location

(Insert own office locations drop downs)

Summary

Is an interpreter required Y N Language _____

Needs and Risks

Response Provided (include housing assistance provide or planned and supports needed, provided or arranged)

Next Steps

Main Reason for Seeking Assistance

Living arrangements before Service Contact

Housing Type Immediately Before Service Contact

Tenure Type Immediately Before Service Contact

Assistance Needed/Provided/Referred

Assistance to Access Housing

	Needed	Provided	Referred
Crisis/short term emergency accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term community housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term private rental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Support

	Needed	Provided	Referred
Housing Advice and Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy/Liaison OoH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy/Liaison – Private Rental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy/Liaison – Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living skills/personal development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional support/other counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with VCAT hearings/other legal issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culturally specific support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreter services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with Immigrant issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance to obtain government benefit/pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Assistance/material aid (including HEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial counselling and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referral to Specialist Services

Employment and training assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incest/Sexual assault support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family violence support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with problem gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug/alcohol support or intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical disability services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual disability services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health/medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referral to Housing Support

Crisis accommodation support	<input type="checkbox"/>	<input type="checkbox"/>	
Transitional Housing support	<input type="checkbox"/>	<input type="checkbox"/>	
Long Term Tenancy support	<input type="checkbox"/>	<input type="checkbox"/>	
Other Housing Support	<input type="checkbox"/>	<input type="checkbox"/>	