Date:

Person Making Referral:	Staff taking referral:
Referral Agency:	Contact number for referrer:

Client name:	
Preferred name/alias:	
DOB:	Age:
Phone:	Email:
Mobile:	
Gender: male ☐ female ☐ Transgender ☐	
Country of Birth: Australia ☐ Other ☐ Specify: Year of arrival:	Languages spoken: Interpreter needed? Yes ☐ No ☐ What language?
Cultural Identity:	
Do you have somewhere safe to stay tonight? Yes ☐ No ☐	
Current Address: Previous Address/suburb:	
Children or Dependents: Yes ☐ No ☐ Details:	
Current Living situation:	
How long can you safely stay where you are?	
History of homelessness? Yes ☐ No ☐ Details:	
Main source of income?	
Are you employed: Full time ☐ Part time ☐ Casual ☐ Seeking employment ☐ What do you do?	
Do you receive any benefits: Yes ☐ No ☐ If yes, what type:	CRN:

Do you have any current court matters: Yes ☐ No ☐		
Do you have any current charges, conditions or orders: Yes ☐ No ☐ Detail:		
Is there a history of violence: Yes ☐ No ☐ Detail:		
Do you have a current Juvenile Justice Worker/ Probation and Parole worker: Yes ☐ No ☐		
If yes, please provide details: Name:	Office: Phone:	
Are you at: School ☐ Tafe ☐ University ☐ Other ☐ School/Course Name/ Year Level:		
Are you currently receiving support from any other services: Yes ☐ No ☐		
If Yes, name of service:	Contact person:	Phone:
Permission to contact for further information: Yes ☐ No ☐		
Reasons for seeking assistance:		
Do you have a Mental Health diagnosis: Yes ☐ No ☐ Details:		
Do you have a diagnosed disability: Yes ☐ No ☐ Details:		
Do you have Drug or Alcohol Issues: Yes ☐ No ☐ Details:		
Do you have any specific accommodation needs or barriers that should be noted? Eg. Legal restrictions, health requirements Yes ☐ No ☐ Details:		
Do you have any other specific support needs: Yes ☐ No ☐ Details:		
Permission to record data in CIMS: Yes ☐ No ☐ Nb. Client names are kept confidential- information is for statistical collection.		