

LAUNCHPAD INTAKE FORM

Date

Person making referral

Referral Agency

Contact number for referrer

LP staff taking referral



Client Name **DOB** **AGE**

Preferred name/alias **Preferred pronoun**

Phone **Email**

Country of Birth Australia Other Please specify

Year of arrival

Language/s Spoken **Interpreter needed?** YES NO

If YES, what language?

Cultural identity

Gender identity

Sexuality

Do you have somewhere safe to stay tonight? YES NO

Current Address

Previous Address/Suburb

What links does the client have to City of Sydney LGA (HUB) or Sydney Local Health District? (SYPP)

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

Details

Is there a history of violence?

YES NO

Details

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 please provide details

Service Name

Contact Person Phone

Permission to contact for further info 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? 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.