

# Initial Assessment & Planning Referral Tool

## Referral To

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Agency Name:  
Staff Member:  
Email address:  
Fax Number:  
Service:  
Vacancy:

## Referral From

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Agency Name: <<w\_organisation>>  
Staff Member: <<w\_firstname>> <<w\_lastname>>  
Phone Number: <<w\_phone>>  
Fax Number: <<w\_fax>>  
Email Address: <<w\_email>>  
Date Referred: <<today>>

## Client Contact Details

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Client Name: <<p\_firstname>> <<p\_lastname>>  
Preferred Name/Alias:  
Address: <<p\_street1>> <<p\_street2>> <<p\_suburb>> <<p\_state>> <<p\_postcode>>  
Date of Birth: <<p\_dob>> or <<p\_dobestimate>>  
Gender: <<p\_gender>>  
Phone No:  
Mobile No:

Can a worker call you on this number and leave a message?  Y  N

Alternative Contact Details:

Country of Birth: <<p\_cob>>  
Indigenous Status: <<p\_indigenous>>  
Source of Income:  
Labour Force Status:  
Student Status:  
Date of assessment  
Is an Interpreter required:  Y  N  
If yes, please provide further information:

## Household members+

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<b>Other Names</b>	<b>Surname</b>	<b>Relationship</b>	<b>Gender</b>	<b>DOB</b> enter year only if estimate	<b>Cultural Identity</b>
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## Summary

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### Needs and Risks

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

### Housing Allocated

### Support Allocated

### Next Steps

**Target Group** (Family Violence, Young People, Indigenous, Families, Single Adults)

### Priority Status

Housing Need

Support Need

Assessment of Personal Vulnerabilities

Status of Interim Response

**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:** <<p\_firstname>> <<p\_lastname>>

Date of Birth: <<p\_dob>>

Sex: <<p\_gender>>

## 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

## 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 <<today>>

Worker name:

<<w\_firstname>> <<w\_lastname>>

Position: <<w\_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 <<today>>

Name: <<p\_firstname>>  
<<p\_lastname>>

Witnessed: .....  
(worker)

Worker name: <<w\_firstname>>  
<<w\_lastname>>

Position: <<w\_position>>

Informed of privacy/confidentiality & storage of personal information  Y  N  
Provided with hard copy of clients rights and confidentiality  Y  N