

Enhanced Client Assessment

Practice Guidelines

Supported Accommodation
Assistance Program

Department of Health and Human Services Tasmania

2001
(Modified October 2002)

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1. Context

These guidelines form part of a common assessment framework that has been developed in the context of the redevelopment of the Supported Accommodation Assistance Program (SAAP) in Tasmania. This redevelopment is occurring as part of the implementation of SAAP IV that provides a national policy framework for SAAP Programs from July 2000 until June 2005¹.

A Common Assessment Tool has been developed in collaboration with SAAP agencies in Tasmania.

These guidelines must be read and applied in conjunction with all other relevant departmental policies, procedural manuals and guidelines.

Whilst this document provides valuable information for workers implementing the Common Assessment Tool, it is important that workers are trained in assessment practices and procedures and that agencies have supervision mechanisms in place to support effective case management practice.

2. Purpose of Assessment

Assessment is part of the case management process. It builds a picture according to the client's perception of his or her situation and needs. It assists to identify priorities for action and is a basis for planning.

Assessment is a dynamic, ongoing process. When a client continues with a service, workers develop knowledge of the person over time.

Whilst assessment is an ongoing process, there are some distinct phases based on timing and purpose:

- Initial assessment which provides information about immediate needs; and
- More comprehensive assessment once immediate needs have been addressed. The purpose of this assessment is for the client to be supported to recognise his or her strengths and issues, and ways these might be addressed. The assessment is used as a basis for planning. Assessment can be ongoing as needs change with time and change of circumstance.

¹ Department of Family and Community Services, *Supported Accommodation Assistance Program (SAAP) 2000 – 2005 Memorandum of Understanding*

3. Common Assessment Framework

The common assessment framework can be thought of as the philosophies, policies and practices that make up and support the assessment process. A major component is the Common Assessment Tool. These guidelines support the use of that tool.

3.1. Principles underpinning the Common Assessment Framework

- Assessment, service planning and delivery have a client-centred approach. This means the client experiences a single assessment process whereby:
 - provision of personal details and identification of issues occurs once, even when a number of agencies and/or workers are involved in assessment process, planning and service provision;
 - there is a partnership approach between the client and agency or agencies, in which the client is supported to recognise his or her own strengths and issues and to identify possible solutions. Clients make decisions based on adequate information and knowledge of resources.
 - the detail of the assessment is proportionate to the client's needs; and
 - a comprehensive view of the client's strengths and needs is developed over time.

- Assessment is based on a common approach and format that:
 - is based on current good practice;
 - provides the basis for case planning to address identified needs and achieve identified goals, therefore is linked to client outcomes; and
 - assists transfer of information, as appropriate, and with the consent of the client.

3.2. Structure of the Common Assessment Tool

The Common Assessment Tool is made up of a series of modules.

It is not expected that all modules will be completed for all clients. It may be that only the first module is completed before a client is referred to a more appropriate service. Where that is an agency providing SAAP services, the assessment that has been undertaken is transferred to the next agency.

The modules (excluding the child assessment) appear in the Common Assessment Tool in an order that reflects the potential significance of issues impacting on the client's living situation. It is acknowledged that there will be variations between individual clients as to the greater impact of any one issue over another.

Some agencies explore financial issues with a client in the early stage of the assessment process. These agencies may find it useful to print the Financial Module with the Initial/Crisis Module.

3.3. Individual Modules

The modules are:

- **Immediate assessment**
This assessment begins on first contact with the client – initial, basic data may be recorded over the phone or face-to-face. The module is most likely to be completed when the client attends the service. It may be completed over a period of time.

The module covers personal details such as name, age, current living situation and the main reason for seeking support at this time. It also records an overview of different areas of potential need including shelter, safety, food, clothes and so forth. As well as flagging immediate needs, this gives a guide as to the key areas to be explored in the more comprehensive assessment to follow.

If it is clear more comprehensive information is needed, even during the initial assessment process, the relevant module should be included, for example *Financial*.

- **Safety**
Records any issues that may impact on the client's safety and significant information needed to minimise risk.
- **Accommodation**
Covers housing requirements and factors which may impact on the accommodation options for the client. There is a section which records information required by Housing Tasmania if the client is seeking public housing. Recording this information will facilitate a smooth transition for the client

between the SAAP service and Housing Tasmania.

- **Health**
Includes physical and mental health issues which may indicate specific support needs in these areas.
- **Personal, emotional and social support**
Includes links with family, friends and the community. Also explores the need for support with living skills or behavioural issues.
- **Financial**
Includes source of income and specific areas such as debt management that the client may need to address in order to be able to gain independent accommodation.
- **Education and Employment**
Explores client's preferences in these areas and issues that may indicate the need for relevant information or appropriate referrals.
- **Legal**
Includes a range of legal issues with which the client may require support or which may impact on accommodation options available to the client.
- **Child assessment for accompanying children**
This differs from the other modules in that it includes a range of assessment areas and is tailored to the individual needs of a child accompanying a parent or parents to a SAAP service.

4. Further assessment

Particular client needs may point to the necessity for more comprehensive assessment in specific areas. This may be undertaken by:

- a SAAP agency where the agency targets particular client groups – for example young people or women and children escaping domestic violence. These agencies may use assessment formats additional to the Common Assessment Tool; or
- another specialist agency to which the SAAP worker has referred the client. This might be, for example, a service providing support to people with mental health issues, a financial counselling service and so forth.

5. Practice issues

5.1. Conducting an assessment

The questions as set out in the assessment tool are to act as a prompt for the worker in talking to the client. It is expected that much of the information will emerge through more informal discussion with the client during the time in which the assessment takes place.

An informal approach to assessment is likely to be most comfortable for the client, with workers gleaning information in an ongoing way as they work with the client. It is important to listen to the client's story. This may unfold during interaction with the client on a day-to-day basis.

Workers should become familiar with the assessment tool so that they are able to gather information using a conversational approach with the client. Whilst the form includes a number of 'tick-the-box' sections for recording information, it is not intended that the worker will read out the items in order to gain a 'yes or no' response from the client.

The client needs to feel at ease with the assessment situation and should be encouraged to talk freely about his or her situation. It is the worker's task to translate this into the format of the assessment tool.

It is likely that the client will highlight those issues which are most pressing and for which he or she is seeking immediate assistance. However, the worker should not overlook other issues which may be evident and which may be noted for addressing later.

5.2. Privacy and confidentiality

This assessment tool has the same underlying principles of privacy and confidentiality as are currently valued by workers and agencies. Information about the client is kept in confidence within the agency and is not provided to others without the specific consent of the client.

The Tasmanian SAAP Standards² provides the following principles in relation to confidentiality, privacy and access to personal information:

- each client's right to privacy and confidentiality is acknowledged and maintained

² Department of Community and Health Services (April 1998) *SAAP Standards*, Tasmania

- the client is provided written information about the agency's privacy policy
- each client is informed about confidentiality policies and practices at every stage of service delivery;
- information about each client is collected by lawful, fair and non-intrusive means;
- only information necessary for the delivery of the SAAP service is sought from clients;
- each client is advised of the purpose for which information is requested, the type of information kept, and the person(s) to whom the information will be made available/disclosed; and
- each client has the right of access to personal information held by the agency/service, and is informed of steps to take if he/she wishes to obtain access.

5.3. Record keeping

Completion of the Common Assessment Tool provides a written record of the client's situation, as revealed during the assessment process. It is a combination of personal data, the client's perception of his or her situation and the worker's recording of information provided.

It is important to ensure that information is recorded in an objective form and is based on sound professional assessment. It is important that it is written up objectively and in a non-judgemental way.

5.4. Referral

One outcome of the assessment process might be referral to other services, both SAAP and non-SAAP. To support consistent referral practices, a referral form has been developed for use by all SAAP agencies. This will assist with transfer of information and tracking of outcomes of the referral.

The Referral Form is provided as Appendix 2 to these guidelines.

5.5. Transfer of Information

Within the Integrated Continuum of Service, clients may be involved with more than one SAAP service, either at the same time or sequentially. For example, clients entering the system through an Immediate Emergency Accommodation service and in need of ongoing support, will be supported by a Case Management and Transition Support service. Negotiations will occur between the services to ensure a smooth transition for the client. Part of these negotiations will relate to the ongoing assessment process.

One value of having a common assessment tool which is used across SAAP agencies is that information is able to be transferred when the client is supported by more than one agency, either at the same time or sequentially. Keeping in mind the above comments about confidentiality and client consent, it is possible to transfer important information so that:

- the client does not have to repeat his or her story in an attempt to gain support;

- there is not a duplication of the assessment process, which is resource intensive and uses time that could be used in the provision of further support;
- the second agency is able to build on the information already recorded as the assessment process continues; and
- more integrated, continuous support is experienced by the client.

The information recorded on the assessment form belongs to the client. He or she should be able to take the form when moving on to another service. Alternatively, relevant parts of the form could be faxed to the other agency. The most effective method of transferring information will depend on specific situations. It is expected the worker will exercise some discretion and judgement in each situation.

It is of course important that information recorded is factual and not open to different interpretation by different workers or different agencies.

6. Training

Workers need specific skills to be able to undertake effective assessment. They must be able to work in partnership with a client to assist him or her to recognise particular strengths and issues and to find ways to address those issues.

Workers need comprehensive case management skills to be able to link the assessment process to client outcomes through an effective case plan.

Effective responses can be developed when a worker has a good knowledge of the broader service system and is able to provide information to clients and make appropriate referrals as well as engage in direct service provision.

7. Supervision

Agencies need to ensure adequate supervision strategies are in place to support consistent and effective case management practices, including the implementation of the Common Assessment framework.

Appendix 1

SAAP ENHANCED CLIENT ASSESSMENT COMMON ASSESSMENT TOOL

Supported Accommodation Assistance Program

Immediate Crisis Assessment

Date:

Client Number: Worker: Agency:

Name: Preferred name: Date of birth: Age: Gender: Marital status: Other names used:	Current or last address: Postcode: Phone: Whose home is it? Accompanying adult:
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Accompanying Children:

First name				
Surname				
Child lives with:				
Date of birth				
Gender				
School/preschool				

Who to contact in an emergency: Name: Relationship: Contact details:	Does client have a Healthcare card? Yes/No If no, is support required to apply for one? Yes/No Is an interpreter required? Yes/No If yes, what language? Does the person have a disability that would affect access to accommodation? Yes/No
--------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Has the client used this service before? Yes/No

If yes, when?

Where is the client currently staying?

How long is it possible to stay there?

Country of birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other Cultural identity of client: <input type="checkbox"/> Australian <input type="checkbox"/> Other	Does the client identify as being of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Neither <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Summary of immediate situation: Please tick more than one category if appropriate and provide further information on p 3 or relevant assessment modules. <input type="checkbox"/> homeless <input type="checkbox"/> at risk of homelessness <input type="checkbox"/> escaping violence family domestic other	<input type="checkbox"/> financial difficulty <input type="checkbox"/> mental health <input type="checkbox"/> substance use <input type="checkbox"/> family/relationship breakdown <input type="checkbox"/> needs of accompanying children <input type="checkbox"/> other (please specify)
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Supported Accommodation Assistance Program

Source of referral/information:

<input type="checkbox"/> self <input type="checkbox"/> family <input type="checkbox"/> friends <input type="checkbox"/> school/other educational institution <input type="checkbox"/> community services department	<input type="checkbox"/> police/legal unit <input type="checkbox"/> prison/correction institution <input type="checkbox"/> hospital/health/medical services <input type="checkbox"/> psychiatric unit <input type="checkbox"/> telephone/crisis referral agency	<input type="checkbox"/> SAAP agency/worker <input type="checkbox"/> Housing Tasmania <input type="checkbox"/> other government department <input type="checkbox"/> non-government organisation <input type="checkbox"/> other (specify) <input type="checkbox"/> no information
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Other services used:

Service	Contact person	Phone	Comments

Has the client contacted other services at this time? **Yes/No**

If yes, which service?

What was the result?

Comments:

.....

.....

.....

.....

.....

Immediate Response:

Client accepted into agency? **Yes/No**

Referred elsewhere? **Yes/No**

 If yes, where is referral to?

 If no, why not?

Supported Accommodation Assistance Program

Current situation / Immediate needs:

Shelter

Safety.....

Food.....

Clothes.....

Finance

Health.....

Mental health.....

Drug and alcohol

Legal

Specific needs of children

Comments:

Client consent forms

Information sharing

I understand that other agencies may be suitable to support me to meet the needs I have identified.
I understand that other agencies would also treat my information confidentially.

I agree to the following sharing of information:

Between.....(agency currently completing form with client)
and.....about.....

Between.....(agency currently completing form with client)
and.....about.....

Between.....(agency currently completing form with client)
and.....about.....

I understand that the worker/s might be able to provide better support if they talk to some other people.
I would like the worker/s to talk to:

.....
.....

Effective from: (date) to (date)

Signed Date:
(Client)

Signed Date:
(Worker)

NDCA (National Data Collection Agency)

Has client given consent for client-specific sections of NDCA form? Yes/No

Privacy statement

Client given Agency Privacy Statement? Yes/No

Supported Accommodation Assistance Program

Safety

Date:.....

Worker:

Are there any potential risk to the client's safety? (e.g. violence from another, suicidal behaviour) Yes/No

What is the nature of the potential risk?

.....

Who is the other party, if any, allegedly contributing to the risk to the client?

.....

Is there a current Restraint Order? Yes/No Is it broken? Yes/No

Is support needed to obtain a Restraint Order? Yes / No

Any significant information needed to minimise potential risk (e.g. details of alleged perpetrator's car, patterns of behaviour)

.....

.....

What relationship is the other party to any accompanying children?

.....

What is the impact of the risk on the client's capacity to carry out necessary functions on a day-to-day basis?

.....

.....

What strategies have been implemented to minimise the risk (e.g. current apprehended violence order)?

.....

.....

What assistance has the client requested of the agency to assist minimise potential risk?

.....

.....

What are the resultant support needs as a result of the risk or previous experience relating to the risk?

.....

.....

.....

.....

Supported Accommodation Assistance Program

Accommodation

Date:.....

Worker:

Immediate Housing Needs

- | | |
|-----------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Immediate emergency accommodation | <input type="checkbox"/> Assistance to find long-term accommodation |
| <input type="checkbox"/> Assistance to maintain current accommodation | <input type="checkbox"/> Contact with Tenants Union |

.....
.....

Has the client previously experienced supported accommodation? Yes / No

Details:

Has the client ever refused an offer of supported accommodation/support from a housing association? Yes / No

If yes, why?

Are there any barriers for entry to a SAAP service? Yes / No If yes, why? (e.g. eviction, violence, animals, etc.)

.....

Has the client considered any other options? Yes /No

Does the client have a disability that affects housing needs? Yes / No

Long Term Housing Needs

Preferred area to live :

Reasons:

Proximity to transport:

Number of bedrooms required: Any pets?

Special needs (e.g. back yard, flat access, secure fencing, access to amenities, etc.) :

.....

Housing Tasmania

Has the client applied for a Housing Tasmania property? Yes / No If yes, what category?

When did the client last talk about the application with Housing Tasmania?

Have any of the client's details changed since then? Yes /No

Has the client been a previous tenant of Housing Tasmania Yes / No If yes, when and what address?

.....

Were there any problems?..... Who signed the lease?

Was there a previous housing debt? Yes / No

Does the client have an interest in any property or land? Yes / No

Private Rental

Is the client considering private rental? Yes / No

Does the client need bond assistance? Yes / No

Has the client rented privately before? Yes / No

Are there real estate agents you cannot use? (Why?)

Details

.....

.....

.....

Whose name was on the lease?

What would be the maximum affordable rent?

Supported Accommodation Assistance Program

Health

Date:.....

Worker:

<p>Physical health issues:</p> <p>Does the client have a diagnosed illness? Yes/No</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Mental, emotional or behavioural health issues:</p> <p>Does the client have a diagnosed illness? Yes/No</p> <p>.....</p> <p>Does the client have existing support? Yes/No</p> <p>.....</p> <p>.....</p>
<p>Does the client have a GP? Yes / No</p> <p>If yes, please give:</p> <p>Name:</p> <p>Address:.....</p> <p>.....</p> <p>.....</p> <p>Tel:</p>	<p>Is client attending a specialised clinic? Yes / No</p> <p>If yes, please give:</p> <p>Name:</p> <p>Address:.....</p> <p>.....</p> <p>.....</p> <p>Tel:</p>
<p>Medication</p> <p>.....</p> <p>.....</p> <p>Is the client on a methadone program? Yes/No</p> <p>Is the client involved in any other form of drug reduction?</p> <p style="text-align: right;">Yes/No</p> <p>.....</p>	<p>Is current housing situation affecting health? Yes / No</p> <p>If yes, please explain</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Does the client have a support worker/agency?</p> <p style="text-align: right;">Yes / No</p> <p>Name:</p> <p>Address:.....</p> <p>.....</p> <p>.....</p> <p>Tel:</p>	<p>Does the client have any substance abuse issues?</p> <p style="text-align: right;">Yes/No</p> <p>If yes, please explain</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

Supported Accommodation Assistance Program

Personal, Emotional & Social Support

Date:.....

Worker:

Social Supports

Important relationships & support people

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Recreational/social activities:

Recreational
.....
Social
.....
Service links
.....

School or employment connections:

.....
.....
.....

Links with a particular locality:

.....
.....
.....
.....

Other support services:

.....
.....
.....
.....

Personal & Emotional Support

Does the client need support with any of the following?

- Being able to think about problems and consider possible solutions
- Dealing with conflict.....
- Managing anger
- Grief.....
- Safety issues.....
- Other.....

Supported Accommodation Assistance Program

Living Skills

Is support required to further develop skills for independent living?

- Personal hygiene
- Communication skills
- Budgeting/banking/bill management
- Shopping
- Domestic tasks – cleaning, laundry etc
- Nutrition, cooking

Is support with parenting required? Yes/No

.....

.....

.....

Is there anything else the client would like us to know about them (abilities and strengths?)

.....

.....

.....

.....

.....

Supported Accommodation Assistance Program

Financial

Date:..... Worker:

Primary Source of Income

- no income
- registered/awaiting benefit

Government Payments

- Newstart allowance
- youth allowance –independent at home
- youth allowance –independent not at home
- youth allowance –dependent at home
- youth allowance –dependent not at home
- austudy for students 25 years of age and over
- community development
- employment program
- austudy/abstudy (standard rate)
- austudy/abstudy (independent rate)
- austudy/abstudy (homeless rate)
- disability support pension
- age pension
- parenting payment (sole parent pension)
- special benefit
- sickness allowance
- partner allowance
- DVA support pension
- DVA disability pension
- any other benefit or pension

Is the client currently in breach with Centrelink?

Yes/No

If yes, when does this end?

Any other financial assets:

- Savings
- Shares
- Investments
- Lump sum payment
- Other

Date of next payment:

Amount:

What supplementary government payments does the client receive ?

- no payments
- family payment
- DSS rent assistance (Commonwealth)
- mortgage/rent relief (State)
- proposed Crisis Payment (Commonwealth)
- other

Other Income

- workcover/compensation
- maintenance/child support
- wages/salary/own business
- spouse/partner's income
- other

Debts:

- Aurora \$
- Housing debt \$
- Centrelink loan \$
- Telephone \$
- Hire purchase \$
- Outstanding fines \$
- Personal debts \$

Does the client have a debt repayment plan? Yes/No

.....
.....

Support needs:

- Assistance needed in managing money:
- Budgeting
- Direct debit rent payment
- Saving

Supported Accommodation Assistance Program

Legal

Date:..... Worker:

Does the client have any outstanding legal issues?

Yes/No

If yes, please explain

Is support required on any legal processes?

Yes/No

Protection or guardianship order

Intervention/protection or restraining order

Youth justice

Immigration

Police

General disputes – mediation, housing review, grievance re SAAP service

Ombudsman

Tenant Union

Court Assistance

Legal Aid

Supported Accommodation Assistance Program

Child Assessment - Accompanying Child

Date:..... Worker:

Child's name:

Siblings:

Date of Birth: Age:

Name:

Age:

Gender:

Name:

Age:

Name:

Age:

Parenting arrangements:

.....
.....

What does the child particularly enjoy?

.....
.....
.....

What is the child's understanding of what is currently happening?

.....
.....
.....

How is the child responding to what has been happening recently?

.....
.....
.....

Do the child's parent/s have any particular concerns about their child at the moment?

.....
.....
.....

Worker's observation of the child

.....
.....
.....

Supported Accommodation Assistance Program

Health

<p>Physical health issues:</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Mental or emotional health issues:</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Does the child have a GP? Yes / No</p> <p>If yes, please give:</p> <p>Name:</p> <p>Address:.....</p> <p>.....</p> <p>Tel:</p>	<p>Is the child attending a specialised clinic? Yes / No</p> <p>If yes, please give:</p> <p>Name:</p> <p>Address:.....</p> <p>.....</p> <p>Tel:</p>
<p>Medication</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Is current housing situation affecting the child's health? Yes / No</p> <p>If yes, please explain</p> <p>.....</p> <p>.....</p>
<p>Disability Yes / No</p> <p>If yes, what is the impact on housing needs?</p> <p>.....</p> <p>.....</p>	<p>If the child has a disability support worker/agency please give details:</p> <p>Name:</p> <p>Address:.....</p> <p>.....</p> <p>Tel:</p>

Personal & emotional support

<p>Has the child had any experiences we need to know about to help us better understand her/him? Yes/no</p> <p>If yes, please explain:</p> <p>.....</p> <p>.....</p> <p>.....</p>

Is personal and/or emotional support required? Yes/No

If yes, please give details:

.....

.....

.....

Supported Accommodation Assistance Program

Social Supports

Important relationships and support people

Other support services:

.....
.....
.....

Leisure activities:

Recreational
Social
Other interests:

Is social support required? Yes/No

If yes, please give details:
.....

Child Care

Does the child attend a child care centre, family day care etc?

Yes/No

If yes:
Name of centre/program:
.....
Address:
.....
Phone:
Contact person:

Is support required to arrange child care?

Yes/No

Preferred child care arrangements:
.....
.....
.....
.....
.....

Education

Preschool or school:
Address:
Phone: Contact person:

Is additional educational support required? Yes/No

If yes, please give details:

Has the child's schooling been disrupted? Yes/No

if yes, in what way?.....

How has the child reacted?

Is transport needed to allow child to continue at regular school? Yes/No

If yes, please give details:

Supported Accommodation Assistance Program

Legal

Are there any legal orders in place?

Residence Orders - with whom the child lives:

Specific Issues Orders - an order about any other aspect of parental responsibility.

Details:
.....
.....

Details:
.....
.....

Contact Orders - with whom the child will have contact:

Child Support Scheme.

Details:
.....
.....

Details:
.....
.....

Care and Protection Orders

.....
.....

Is support with legal procedures required?

Yes/No

.....
.....
.....

Have there been any threats to the child and/or has the child been exposed to any violence?

Yes/No

If yes, please explain:
.....
.....
.....

Is there a worker from the Department of Health and Human Services, Child and Family Services involved?

Yes/No

If yes, please give name and contact details

.....
.....

SAAP
ENHANCED CLIENT ASSESSMENT
COMMON REFERRAL FORM

Supported Accommodation Assistance Program

Referral Form

Referring Agency

Agency:

Address:

.....

Phone: Fax:

Worker:

Email:

Referral to:

Agency:

Address:

.....

Phone: Fax:

Worker:

Email:

Person referred:

Name: DoB: Gender:

Address:

Phone:

Reason for referral:

.....
.....
.....
.....

Client's desired outcome:

.....
.....
.....

Client consent:

I agree to a referral to the agency named above:

(Client's signature)

OR Client has completed consent form on page 4 of Immediate Assessment module of SAAP

Common Assessment form and has agreed to sharing of information with relevant agency

NB: Information will not be transferred until referral is accepted by receiving agency

Assessment modules completed:

- | | | | |
|--------------------------------|--------------------------|------------------------------------------|--------------------------|
| Immediate | <input type="checkbox"/> | Financial | <input type="checkbox"/> |
| Safety | <input type="checkbox"/> | Employment/Education | <input type="checkbox"/> |
| Accommodation | <input type="checkbox"/> | Legal | <input type="checkbox"/> |
| Health | <input type="checkbox"/> | Child assessment – accompanying children | <input type="checkbox"/> |
| Personal, emotional and social | <input type="checkbox"/> | | |

NB: Information available on need to know basis and with consent of client

FEEDBACK TO REFERRING AGENCY

Please return this section, preferably by fax to the referring agency:

Referring Agency:

Worker:

Fax:

From (Agency receiving referral):

Person completing this section Name:

Position:

Name of client:

Date of referral:

Referral accepted: Yes No

If YES, expected time until response:

If NO, reason referral not accepted:

.....

Any alternative response (e.g. referral to another agency)

.....
