



Intake - Women's Assessment Form. **Date:**.....

Name:

Address:
.....

Phone:	Date of Birth:	Referral Source:	Income Source:	Cultural Identity: & Birth Country

Is safety an issue **Yes/No for – Self Family Worker** **Yes – Next Step – Short Term Goal**

Issue: - Reason for requesting service

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Expectations of the service

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.....
.....

Next of kin /Family structure:

NAME:	CONTACT:
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CHILDREN :NAME	AGE	ISSUES/GOALS	SUPPORT REQUIRED

Do you or any of the above have any medical or other condition that would require special consideration in relation to your accommodation, safety or safety to others?

Other current relevant services and professional support

Name of worker/Position	Organization/Address	Contact No.	Comments

Other contacts:

Name:

Phone:

Relationship:

VINNIES EMERGENCY ACCOMMODATION PRIORITY WAITING LIST				<u>Points allocated</u>
Is safety an issue	Yes	No	If yes	10
Is domestic Violence an issue	Yes	No	If Yes	10
Are children involved	Yes	No	If Yes	5
Is a notification required to DoCS regarding the children/homelessness	Yes	No	If Yes	5
Are the Police involved in the current matter	Yes	No	If Yes	5
Are there any other options:				
* Family	Yes	No	If No If Yes	5 2
* Friends	Yes	No	If No If Yes	5 2
Would the presenting issues place family or friends at risk or compromise the situation further or	Yes	No	If Yes	5
Is the person making the request not feeling OK about their current environment or is overcrowding an issue for you	Yes	No	If Yes	5
			TOTAL	
RESPONSES REQUIRED				
Do something Now – call Caravan Park – Motel				30
Explore Refuge options out of town – and identify transport needs				25
OK to stay temporarily with family and friends for short term period and gain assistance to obtain alternative options				20
Remain in current situation with appropriate plan in place and seek support				15

OUTCOME OF SHORT TERM GOALS:

DATE:	ACTIONS:

Client Signature

Your signature on this form indicates that you understand the terms and conditions of working/occupancy with Vinnies Homelessness Service and /or other Accommodation facilities, and, you agree to pay the amount determined for the provision of accommodation services.

I consent for the information on this form to be transferred to a SAAP data form

Unit accommodation Charges I agree to pay \$.....per week – based upon 25% of income + \$17.00 electricity

Signature of service user.....DATE: