



# Intake - Youth Assessment Form.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

<b>Phone:</b>	<b>Date of Birth:</b>	<b>Referral Source:</b>	<b>Income Source:</b>	<b>Cultural Identity:</b>

**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:

<b>NAME:</b>	<b>CONTACT:</b>
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### Other current relevant services and professional support

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

VINNIES EMERGENCY ACCOMMODATION PRIORITY WAITING LIST				<u>Points allocated</u>
Is <b>safety</b> an issue	Yes	No	If yes	10
Is <b>domestic Violence</b> an issue	Yes	No	If Yes	10
Are <b>children involved</b>	Yes	No	If Yes	5
Is a <b>notification required to DoCS</b> regarding the children/homelessness	Yes	No	If Yes	5
Are the <b>Police</b> 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 <b>at risk</b> or compromise the situation further <b>or</b>	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
			<b><u>TOTAL</u></b>	
<b>RESPONSES REQUIRED</b>				
Do something <b>Now – call Caravan Park – Motel</b>				<b>30</b>
Explore <b>Refuge options</b> out of town – and identify transport needs				<b>25</b>
OK to <b>stay temporarily with family and friends</b> for short term period and gain assistance to obtain alternative options				<b>20</b>
<b>Remain in current situation</b> with appropriate plan in place and seek support				<b>15</b>

### 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: \_\_\_\_\_

I agree to the short term goals identified above and shall remain involved as to the development of a longer term individual goal plan.

Signature of Parent/Guarding: \_\_\_\_\_ DATE: \_\_\_\_\_