

AGENCY/CARER REFERRAL FORM

REFERRER'S DETAILS

Name _____
Agency/Relationship to client _____
Address _____
Phone _____ Fax _____
Email _____

CLIENT'S DETAILS

Name _____
D.O.B _____ Age _____
Phone _____ Culture _____
Address _____

Currently accommodated at (please circle)

Refuge Family Friends Other _____

RISK/NEEDS ASSESSMENT

(Please be as detailed and honest as possible as this will ensure accurate assessment of whether Jacaranda is the best place for your client at this time)

Placement History

Primary reasons for seeking accommodation

Living Skills Assessment

Please rate the client on a scale from 1 to 10 in the following areas. 1 being terrible, 10 being amazing. Please briefly comment on their score.

Relationships with workers

1 2 3 4 5 6 7 8 9 10

Relationships with other residents

1 2 3 4 5 6 7 8 9 10

Communications skills

1 2 3 4 5 6 7 8 9 10

Conflict Resolution

1 2 3 4 5 6 7 8 9 10

Time Management/Organisation

1 2 3 4 5 6 7 8 9 10

Education/Work

1 2 3 4 5 6 7 8 9 10

Eating habits

1 2 3 4 5 6 7 8 9 10

Health & Fitness

1 2 3 4 5 6 7 8 9 10



Cooking

1 2 3 4 5 6 7 8 9 10

Cleaning

1 2 3 4 5 6 7 8 9 10

Budgeting/Finances

1 2 3 4 5 6 7 8 9 10

Sleeping habits

1 2 3 4 5 6 7 8 9 10

Keeping Curfews

1 2 3 4 5 6 7 8 9 10

Are there any presenting issues in the following areas?

Alcohol & other drugs

Anger/Violence

Mental health/diagnosis

Self harming behaviour

Risk/attempts of suicide



Abuse (please circle) Physical Verbal Sexual Neglect

Sexually Inappropriate behaviour

Personal hygiene & care

Attention seeking behaviour

CLIENTS STRENGTHS

Quality	Needs Improvement	Competent	Excellent
Can express own opinions			
Able to understand needs of others			
Responds to routines			
Is a good listener			
Gets on well with peers			
Attends school/work regularly			
Will ask for help when feeling down			
Displays honesty			
Has decision making skills			
Pays rent on time			
Is willing to talk through issues			
Can solve problems			
Can be self motivated			
Can be motivated with help of others			

CURRENT CASE PLANS

Please give a brief summary of case plan/work done with your agency. Include items still to be completed which may need to be followed up at Jacaranda e.g. Centrelink set up, doctors appointments etc.

Any Additional Information You Think Would Be Helpful

SUPPORTING DOCUMENTS

Please provide where possible with the client’s permission the following. (Tick the documents you have attached):

- Case documents e.g. history, plans, reports etc.
- School reference or contact details
- Counselor/Psychologist reference or contact details
- Psychiatric assessments/Psychological reports
- Medical assessments/reports
- Other _____

CLIENT CONSENT FORM

Speaking with support people and other services that you have used is an important way for us to assess your application - in order for us to be able to do this we need your permission.

Do you give permission for Jacaranda Cottage to seek information from other agencies and people you have had contact with? YES NO

Is there anyone that you do not want us to talk to? YES NO
If yes, please give details _____

Do you give permission for us to pass on information to other agencies e.g. other housing or support services? YES NO

Is there anyone you do not want information passed on to? YES NO
If yes, please give details _____

I give permission for information to be used for National Data Collection purposes YES NO

Client Full Name _____

Client signature _____

Date _____