SUPPORTED ACCOMMODATION PROVIDERS' ASSOCIATION

INTAKE SCREENING TOOL

Family name:

Given name(s):

Address and Phone:

Date of birth

Sex: ☐ M ☐ F ☐ Other

Supported Accommodation Name: HERSTON LODGE	Assessor's Name:	Date and Time:
Referral Source:	Referral contact number:	

IDENTIFICATION

☐ Drivers licence ☐ 18+ card ☐ Birth Certificate ☐ Concessional card ☐ other.....

MENTAL HEALTH DIAGNOSIS

Mental Health Diagnosis:

Personality Disorder

Physical illnesses:

Behavioural issues:

Triggers:

Comments:

SERVICES:

Known/ Current services	**Key contact and number**
☐ Mental Health ☐ Drug and Alcohol service ☐ NGO ☐ Public Guardian ☐ GP ☐ Adult Guardian ☐ Centrelink ☐ Other: i.e. parole	

Does the client consent to share information with the above services?

MENTAL HEALTH ACT STATUS: ☐ None ☐ Treatment Authority (TA) ☐ Treatment Support Order (TSO) ☐ Forensic Order (FO)

Comments:

Is the resident case managed by mental health services? Yes ☐ No ☐

Have you provided a **care review summary** or **discharge summary**? Yes ☐ No ☐

DRUG AND ALCOHOL

Drug Type	**Does the resident use:**
Nicotine *e.g. cigarettes, tobacco*	☐ Yes ☐ No
Alcohol *including methylated spirits*	☐ Yes ☐ No
Amphetamines *e.g. speed, goey, ice*	☐ Yes ☐ No
Opioids *e.g. methadone, heroin, morphine*	☐ Yes ☐ No
Benzodiazepines *e.g. Temazepam, Diazepam*	☐ Yes ☐ No
Designer Drugs *e.g. MDA; ecstasy, MDMA* Designer drugs	☐ Yes ☐ No
Inhalants	☐ Yes ☐ No

RISK SUMMARY:

☐ Suicide

i.e. Attempts, thoughts, isolation, self-harm, ask for dates

Comments:

☐ **Violence**

☐ **Does the client have a history of physical aggression?**

☐ Sexual violence

☐ Verbal abuse

☐ Criminal history-Provide details below

☐ Current legal matters

Comments:

☐ Vulnerability

e.g. glue, petrol, paint, others		i.e. sexual abuse, institutional abuse, DV, prostitution, Intellectual disability, financial, self-neglect
Others *e.g. pain killer, over the counter drugs*	☐ Yes ☐ No	Comments:

Are they willing to address their substance use? Yes ☐ No ☐
Are they linked with a drug and alcohol support service? *I.e. AA, NA*

ACCOMMODATION TENANCY HISTORY:

Has the resident lived in supported accommodation before? If so, where?

If not where have they been living?

Can we ring the last accommodation provider for a reference? Yes ☐ No ☐ Phone number:

Has the resident ever been evicted? If so, why?

Is the resident willing to share a room?

History of Homelessness? ☐ Yes ☐ No

Known allergies:

Are they enrolled for NDIS:
Are they receiving NDIS funding:

MONEY MANAGEMENT AND INCOME:

Income type:	Next Pay Day:	Centrelink Card:

HEALTH, SELF-CARE AND PHYSICAL NEEDS:

☐ Assistance to shower ☐ Assistance to toilet	☐ Chronic disease management	☐ Diabetes management ☐ special dietary requirements

Have they been QCAT assessed (give details):

MOBILITY:

☐ Wheelchair ☐ Walker ☐ Walking stick ☐ Independent

MEDICATIONS:

Name	Dosage	Frequency	Route oral, injection	Next due	Who is responsible for the medication management?

FURTHER COMMENTS/ SUMMARY