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	**SERVICES:**	
Mental Health Diagnosis: Personality Disorder Physical illnesses: Behavioural issues: Triggers: Comments:	**Known/ Current services** ☐ Mental Health ☐ Drug and Alcohol service ☐ NGO ☐ Public Guardian ☐ Existing GP ☐ Adult Guardian ☐ Centrelink ☐ Other: i.e. parole ☐ NDIS participant	**Key contact and number**

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**, **risk screen, treatment plan** or **transfer of care**? Yes ☐ No ☐

DRUG AND ALCOHOL		**RISK SUMMARY:**
Drug Type	**Does the resident use:**	☐ Suicide i.e. Attempts, thoughts, isolation, self-harm, ask for dates Comments:
Nicotine *e.g. cigarettes, tobacco*	☐ Yes ☐ No	
Alcohol *including methylated spirits*	☐ Yes ☐ No	
Amphetamines *e.g. speed, goey, ice*	☐ Yes ☐ No	☐ **Violence** ☐ **Does the client have a history of physical aggression?** ☐ Sexual violence ☐ Verbal abuse ☐ Criminal history ☐ Current legal matters Comments:
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	☐ 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:

Other comments:

MONEY MANAGEMENT AND INCOME:

Income type:	Next Pay Day:	Centrelink Card:
☐ Self-managed	☐ Public Trustee	

HEALTH, SELF-CARE AND PHYSICAL NEEDS:

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

FAMILY, SOCIAL AND CULTURAL SITUATION:

I.e. Children, parents, carer, indigenous status, can they speak English, marriage, single

MOBILITY:

☐ Wheelchair ☐ Walker ☐ Walking stick ☐ Independent

MEDICATIONS:

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

NDIS PLAN

Is the resident currently on an NDIS plan? ***(circle correct answer)*** -
YES NO

If so, please insert SUPPORT CORDINATOR's name & contact details below -