

ELM PLACE INTAKE FORM - REDRESS SUPPORT SERVICE

Confidentiality Agreement

Our services at Relationships Australia SA are confidential. However, we want to let you know that this confidentiality is limited when there are any concerns of risk of harm to yourself or other people. If we are concerned about you or another person, we have a duty of care to respond to ensure yours and their safety. If you are okay with this, we will take some information now so that one of our workers can re-contact you.

Consent obtained: Yes ☐ No ☐

Name:..... Date of Birth:/...../.....

Do you identify as Male ☐ Female ☐ Non Binary ☐ Not listed Prefer not to say ☐

Address:.....

Email:.....Phone Number:..... Mobile:.....

If we need to contact you is it okay to text or leave a voice message? Yes ☐ No ☐

If we cannot contact you by phone or mail who can we call to get in touch with you?

.....

Do you identify as Aboriginal and/or Torres Strait Islander? Yes ☐ No ☐

If YES, do you identify with a specific Aboriginal and/or Torres Strait Islander Nation? Yes ☐ No ☐

Are you an Australian Citizen or Permanent Resident? Yes ☐ No ☐

Do you identify as living with any disability, mental health or long term impairments? Yes ☐ No ☐

Do you have a preference for male or female workers? Male ☐ Female ☐ No preference ☐

Which is the most convenient site for you to visit/attend your appointment?

☐ Marion site ☐ Salisbury site ☐ Central Adelaide site

☐ RASA Telehealth (video call) ☐ Telephone Appointments ☐ Prison Location

What led you to contact us today?

.....

Have you previously started to write a Redress Application or have written an application you would like us to review?

Yes ☐ No ☐

.....

What State were you living in when the abuse occurred?

☐ SA ☐ VIC ☐ NSW ☐ QLD ☐ TAS ☐ NT ☐ ACT ☐ WA ☐ More than one State

In what type of institution did the abuse occur?

☐ Children's Home ☐ Youth Detention/Secure Care ☐ Foster Care ☐ Church ☐ School
☐ Residential Care ☐ Mission ☐ Other Institution

Approximately when did the abuse occur?

.....

Have you previously received any payments for the abuse as a result of a court case?

.....

Have you ever been sentenced to serve 5 years or more in gaol for a single conviction?

.....

Are currently incarcerated? Yes ☐ No ☐

Who is your prison Social Worker?

.....

What division are you in?

.....

Do you have any information relating to your sentencing and release dates? (Eg. top and bottom dates if known)

.....

Is there anything about your culture or religion that is important for us to understand in order to help you?

Yes ☐ if yes, provide details below No ☐

.....

.....

Lately, do you have any major worries about how you are coping, especially your ability to keep yourself safe, and to keep others safe?

Yes ☐ if yes, provide details below No ☐

.....

.....

Do you have any serious underlying health conditions or a terminal illness diagnosis?

Yes ☐ if yes, provide details below No ☐

.....

.....

Who are your current supports?

.....

Assessment of any risks or safety concerns ☐ Yes - complete screening assessment tool ☐ No

Screening Assessment tool:

This is the intake worker's assessment based on the intake process. The purpose is to identify priority of response and appropriateness of the service. It is also to ensure an immediate response occurs at intake if required.

Are you in any way worried about your own safety because of your current partner/ or ex-partner, or because of someone connected to them?

Yes ☐ No ☐ Don't know ☐

Has anyone else said they were worried about your safety?

Yes ☐ No ☐ Don't know ☐

In the past few months, have you or has anyone been worried about your child(ren)'s safety, with anyone?

Yes ☐ No ☐ Don't know ☐

Are there current child protection concerns?

Yes ☐ No ☐ Don't know ☐

Is client a victim or perpetrator of domestic violence?

Yes ☐ No ☐ Don't know ☐

Is the client presenting with significant mental health issues?

Yes ☐ No ☐ Don't know ☐

Is there evidence of significant substance misuse issues?

Yes ☐ No ☐ Don't know ☐

Is the client presenting as a potential threat to worker safety?

Yes ☐ No ☐ Don't know ☐

High risk? Yes ☐ (Refer to serious client matters policy SD3.2) No ☐

Please provide more details if required:

Do you wish to receive information from Elm Place? Yes ☐ No ☐

How would you like to receive this information? Post ☐ Email ☐

How did you hear about Relationships Australia SA's Redress Support Services?

What kind of service has been agreed to at this time?

Counselling ☐

Redress Application Support ☐

Whilst you are waiting for a Redress Case worker we encourage all clients to speak with knowmore legal service regarding their legal options and the implications of writing a Redres Application. **They can be contacted on 1800 605 762.**

Knowmore legal service dicussed with client? Yes ☐ No ☐

Please return completed intake form to:

Redress Support Service
Relationships Australia SA
151 South Terrace, Adelaide, 5000

Or Email to: redress@rasa.org.au

If you require further information or assistance, please contact Relationships Australia SA, Redress Support Service on (08) 8419 2042 or email redress@rasa.org.au