

## ELM PLACE INTAKE FORM - REDRESS SUPPORT SERVICE

Duty Worker

Date: if no contact:

Date: Follow up:

Allocated Worker:

Service: Post Care ☐ Find and Connect ☐ Redress Support ☐ Date of Allocation

*Explain the role of intake worker and allocation process to client, check whether this is an okay time to call and that you will need about 10 minutes of the clients time.*

### Confidentiality Agreement

Our services at Relationships Australia 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 ☐

Are you contacting us for:

☐ Information only (please fill in contact details) ☐ Wanting a service (please fill in entire form below)

Name:

Date of Birth: Do you identify as Male ☐ Female ☐ Other ☐

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 ☐

Do you have any special needs?

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: Suite 500a Westfield Shopping Centre, 297 Diagonal Road, Oaklands Park

☐ Salisbury: Cnr James and Gawler St, Salisbury ☐ RASA Telehealth (video call)

☐ City: 151 South Terrace, Adelaide ☐ Telephone Appointments

What State were you living in when the abuse occurred?

☐ SA ☐ VIC ☐ NSW ☐ QLD ☐ TAS ☐ NT ☐ ACT ☐ 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?

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 ☐

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 ☐

If YES Action taken:

High Priority for allocation Yes ☐ No ☐

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 ☐

**Please return completed intake form to:**

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

Or

Email to: [redress@rasa.org.au](mailto:redress@rasa.org.au)

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