



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 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
- Salisbury: Cnr James and Gawler St, Salisbury RASA Telehealth (video call)
- City: 151 South Terrace, Adelaide Telephone Appointments

What led you to contact us today?
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.....

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?

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

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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

.....

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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

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

Yes if yes, provide details below No

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.....

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

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

