**COUNSELLING CLIENT INTAKE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Counsellor:** |  | **CSO:** |  | **Service Date:** |  |

|  |  |
| --- | --- |
| **SERVICE DETAILS** | [ ] New Client [ ] Exiting Client |
| **Service Type:** |
| [ ]  Discrete non legal support | [ ]  Ongoing non legal support |  |
| **REFERALL**  |  |
| **Contact type: Referred from:**  |
| [ ]  Face to face[ ]  Telephone[ ]  Mail[ ]  Email | [ ]  NAAFLS[ ]  CVSU[ ]  DPP[ ]  NAAJA | [ ]  Community safe house[ ]  Community member[ ]  Other  |
| **Interpreter Used:** |
| [ ] Yes | [ ] No |  |
| **Financial Disadvantage:** |
| [ ]  Yes – Does not have means to pay[ ]  Yes – Centrelink Benefit [ ]  Yes – Other  | [ ]  Yes – Centrelink Benefit[ ]  No  | [ ]  Yes – Cannot Access Finances Temporarily [ ]  Unknown |
| **Family Violence Indicator:** |
| [ ]  Yes[ ]  Unknown | [ ]  No[ ]  N/A | [ ]  At Risk |
| **Homelessness Status:** |
| [ ]  Yes[ ]  Unknown | [ ]  No[ ]  N/A | [ ]  At Risk |
| **CLIENT INFORMATION** |
| **Legal First Name:** |  | **Surname:** |  |
| **Pref. Name (Alias):** |  | **DOB:**  |  |
| **Address:** |  |  |  |
| **Community:** |  | **Gender:** | [ ]  Male [ ] Female |
| **Phone Number:** |  |  |  |
| **ALTERNATIVE CONTACT** |  |
| **First name**:  |  | **Surname:**  |
| **Phone:****Address:** **Relationship to Client:** [ ]  Cultural Marriage [ ]  Parent |  | **DOB:** **Community****Gender :** [ ]  Male [ ] Female[ ]  Legal Marriage [ ]  Unknown [ ] Other **Support person required for Session :** [ ]  Yes [ ]  No  |
| **ADDITIONALPARTIES** [ ]  Other [ ] Related |
|  |
| **First name**: |  | **Surname:**  |  |
| **Phone:**  |  | **DOB:**  |  |
| **Address**:  |  | **Community:** |  |
| **Relationship to Client:** | [ ]  Husband [ ]  Ex-Husband [ ]  Wife [ ]  Ex-Wife [ ]  Defacto [ ]  Ex-Defacto [ ]  Parent [ ]  Sibling [ ]  Dec. Person [ ] Other: | **Gender:** | [ ]  Male [ ] Female |
| **Incarcerated:** | [ ]  Yes [ ]  No |  |  |
| **CHILD/REN DETAILS - Child/ren in child protection?**  [ ]  Yes [ ] No |
| **Client’s Children** [ ]  Yes [ ]  No **Are the children related to both Parties?**  [ ]  Yes [ ]  No**Number of Dependent Children?****Number of Other Dependents?**  |
| **Family Law/CINOP Orders in Place** [ ]  Yes [ ]  No**Are the children from previous relationship** [ ]  Yes [ ]  NoFirst name:                                                             Surname:                                                        DOB:                                                           First name:                                                             Surname:                                                        DOB:                                                           First name:                                                             Surname:                                                        DOB:                                                           First name:                                                             Surname:                                                        DOB:                                                           First name:                                                             Surname:                                                        DOB:                                                           First name:                                                             Surname:                                                        DOB:                                                            |
| **CONFLICT CHECK** [ ]  Yes [ ]  No |
| **Conflict identified:** [ ]  Yes [ ]  No |  | **NOTE**: If a conflict is identified please contact PLO**Date**:                       |
| Completed by:                              |   | **Supporting agencies:**[ ]  Yes [ ]  NoIf yes, please state supporting agency                                          |
| **CLIENT LANGUAGE GROUP AND IDENTITY** |
| **Identify as:** |
| **[ ]**  Aboriginal  | [ ]  Torres Strait Islander | [ ]  Both  |
| **Main language spoken:** |
| [ ]  English 1201[ ]  Tiwi 8117[ ]  Anindiliyakwa 8101 | [ ]  Kriol 8701 [ ]  Murrinh Patha 8112 [ ]  Other  | [ ]  Anindiliyakwa 8101 [ ]  Yolngu Matha 8900 |
| **English Proficiency:** |
| **Spoken:**  | [ ]  Well | [ ]  Not Well  | [ ]  Not at all | [ ]  Not Stated |
| **Written:**  | [ ]  Well | [ ]  Not Well  | [ ]  Not at all | [ ]  Not Stated |
|  |  |  |  |  |
| **INSTRUCTIONS/ADVICE** |  |
|  |  |  |  |  |
|  |  | **NOTE**: If a conflict is identified please contact PLO**Date**:                       |
|  |   | **Supporting agencies:**[ ]  Yes [ ]  NoIf yes, please state supporting agency                                          |
|  |  |  |
|  |