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Reconnect is a service of Queensland Youth Services Inc. and is funded through the Department of Family, Housing, Community Services and Indigenous Affairs (FaHCSIA)

## CLIENT INTAKE FORM

Workers Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Thuringowa       Townsville

Person calling: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

### Details of Young Person

Name: \_\_\_\_\_ Relationship to caller: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Does the young person identify as:     Aboriginal     TSI     Other \_\_\_\_\_

### Issues encountering:

- |   |  |
|---|--|
| <input type="checkbox"/> Abuse of YP (Phys, Emot, Verb, Sexual) | <input type="checkbox"/> Disability                          |
| <input type="checkbox"/> Abuse by YP (Phys, Emot, Verb, Sexual) | <input type="checkbox"/> Family Violence                     |
| <input type="checkbox"/> Financial difficulty                   | <input type="checkbox"/> Evicted by family                   |
| <input type="checkbox"/> Conflict with parents                  | <input type="checkbox"/> Change in family structure          |
| <input type="checkbox"/> Conflict with other household member   | <input type="checkbox"/> Overcrowding                        |
| <input type="checkbox"/> School Issues                          | <input type="checkbox"/> Parents/guardian moved away         |
| <input type="checkbox"/> Mental Health Issues                   | <input type="checkbox"/> Homeless or at risk of homelessness |
| <input type="checkbox"/> Drug/Alcohol abuse                     | <input type="checkbox"/> Illness                             |
| <input type="checkbox"/> Legal Issues                           | <input type="checkbox"/> Other: _____                        |

Follow Up Requested/Required: \_\_\_\_\_

Worker referred to: \_\_\_\_\_

Commencement form completed after initial meeting and intake

Intake form photocopied and put in folder

Given to Team Leader: Date \_\_\_\_\_ Time: \_\_\_\_\_