



Macarthur Family and Youth Services

Intake Form



Please note that boxes marked with a * are mandatory

Referral Date *		Person Taking Referral:		File No	
Primary Parent/Carer/Young Person Name *				Relationship to Child *	
Intake Meeting Date				<input type="checkbox"/> IFP <input type="checkbox"/> CYF <input type="checkbox"/> ACYF	
Allocated Case Worker					
Date Allocated to Case Worker					
Referrer Contacted	<input type="checkbox"/> Y <input type="checkbox"/> N	Date:		Case Worker	

Previous MFYS Client: provide previous file numbers below

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Referrer Information

Person making the referral *	
Agency/Relationship to family *	
Address	
Email *	
Phone Number *	
Confirmation the referrer has advised the family/young person the referral is being made:*	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no ask the referrer to gain the family/young person's approval before proceeding)

Child Protection Information

Past or current Child Protection concerns with Department of Community Justice (DCJ)? * <input type="checkbox"/> Yes <input type="checkbox"/> No (Please highlight)	If yes, state concerns:*
Is there a current open file with DCJ? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please highlight)	
DCJ Community Services Centre (CSC) Unit	
Case Worker Allocated	
Contact phone number	



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Client Information

Primary Parent/Carer / Young Person				Other Carer:			
LGA of client* : <input type="checkbox"/> Campbelltown <input type="checkbox"/> Camden							
Name*				Name*			
DOB*				DOB*			
M/F*		Age *		M/F*		Age *	
Mobile No.*				Mobile No.*			
Is either parent under 21?* <input type="checkbox"/> Yes <input type="checkbox"/> No (Please highlight)				Persons NOT TO CONTACT: *			
Address*				Address*			

Children/Young Person's Details:

Name *	Age *	D.O.B *	M/F *	Relationship *	Disability *



Cultural Background

Does anyone in the Family identify as Aboriginal*	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please highlight)
Does anyone in the Family identify as Torres Strait Islander*	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please highlight)
Does the client identify as being Culturally or Linguistically Diverse *	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please highlight)
Country of Birth *	
Language spoken at home*	
Is an Interpreter required?*	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please highlight)
If Yes, please specify language	Language:

Financial Counselling Support

Would you like a Financial Counsellor to call to make an appointment? (free service) *	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please highlight)
Would you like a Problem Gambling Counsellor to call to make an appointment? (free service) *	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please highlight)



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Narrative: Please list the concerns/issues reported?*

WHO: are the main concerns for?*

WHAT: are the main concerns? *

WHEN: did this occur/happen?

WHERE: did this occur?

WHY: did this occur?

HOW: did this occur?

Please detail the main concerns: *



Worker Safety Issues:*

Dogs /Animals Access issues Clear house number Nearest cross street

Does anyone smoke in the house? Yes No Other

Is there someone other than those listed on the referral regularly at the home? Yes No

If yes please give details

Is there anything else we should know? Yes No don't know

Details:

Office Use Only (Intake Worker to complete after Narrative/Concerns are taken)

Reason for Request for service

Parental Carer Concerns

- Mental Health
- Drugs/Alcohol Issues
- Family Violence
- Family/Relationship Breakdown
- Disability
- Health Issues
- Tenancy At Risk
- Social Isolation
- Parenting Skills
- Housing
- Recent Loss/Trauma
- Financial Stress/Problem Gambling
- Home maintenance
- Legal Issues
- Sexual Assault
- Homelessness
- Support with forms
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Subject Child Concerns

- Neglect
- Children being restored
- Sexual Abuse
- Health issues
- Developmental Disability
- Physical Disability
- Behavioural Problems
- Psychological Problems
- Alcohol/Substance Abuse
- Recent loss or Trauma
- Education

Subject Young Person Concerns

- Self-harm
- Mental health
- Alcohol/Substance Abuse
- Family relationship
- Stable housing
- Legal
- Relationship issues
- Financial issues
- Recent loss or Trauma
- Disability
- Education / Employment

Services Requested

- Information Referral
- Advocacy
- Living Skills Support
- Parenting Skills Support
- Support Access to Service
- Community Engagement
- Other:

Poor attendance at:

- School
- Vocation Education and Training
- Employment

On completion, please email Referral Form to admin@mfys.org.au