



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	Y / 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)? *	If yes, state concerns:*
<input type="checkbox"/> Yes <input type="checkbox"/> No (Please highlight)	
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	

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*			



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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:

Problem Gambling & Financial Counselling

Would you like a financial counsellor to call to make an appointment, this is a 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

Services Requested

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

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

Poor attendance at:

- School
- Vocation Education and Training
- Employment

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