



Macarthur Family and Youth Services



Intake Form

Please note 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*			



Preferred Contact No: *



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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Macarthur Family and Youth Services



Narrative: What are 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?



What are the main referrer 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
☐ Home maintenance
☐ Legal Issues
☐ Sexual Assault
☐ Homelessness
☐ Support with forms
☐

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