



# Macarthur Family and Youth Services

## Intake Form



Referral Date		Person Taking Referral		File No	
Primary Parent/Carer/ Young Person Name				Relationship to Child	
Intake Meeting Date				<input type="checkbox"/> FNSW	<input type="checkbox"/> IFP
Allocated Case Worker				<input type="checkbox"/> C&F	<input type="checkbox"/> Y&F
Date Allocated to Case Worker				<input type="checkbox"/> AC&F	<input type="checkbox"/> AY&F
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

Are you aware of any past or current child Protection Issues/history with FACS?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please highlight)
If yes, state concerns:	
Family and Community Services (FaCS) Community Services Centre (CSC) Unit	
Case Worker Allocated	
Contact phone number	

### Client Information

<b>Persons NOT TO CONTACT:</b>							
<b>Primary Parent/Carer / Young Person</b>				<b>Other Carer</b>			
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)							
Address				Address			
Preferred Contact No:							



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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)
Is anyone in the Family from a Non-English speaking background?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please highlight)
Is an Interpreter required? If Yes, please specify language	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please highlight) Language:

### Financial Advice

Would the family benefit from free financial counselling?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please highlight)
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**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?***



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## What are the main referrer concerns?

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### Any further needs identified during the Intake Meeting:

#### 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

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### 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
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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](mailto:admin@mfys.org.au)**