

<b>SUPPORTED ACCOMMODATION PROVIDERS' ASSOCIATION</b>  <b>INTAKE SCREENING TOOL</b>	Family name:	
	Given name(s):	
	Address and Phone:	
	Date of birth	
	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	

Supported Accommodation Name:	Assessor's Name:	Date and Time:
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Referral Source:	Referral contact number:
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**IDENTIFICATION**

Drivers licence  18+ card  Birth Certificate  Concessional card  other.....

<b>MENTAL HEALTH DIAGNOSIS</b>	<b>SERVICES:</b>
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Mental Health Diagnosis:  Personality Disorder  Physical illnesses:  Behavioural issues:  Triggers:  Comments:	<b>Known/ Current services</b> <input type="checkbox"/> Mental Health <input type="checkbox"/> Drug and Alcohol service <input type="checkbox"/> NGO <input type="checkbox"/> Public Guardian <input type="checkbox"/> GP <input type="checkbox"/> Adult Guardian <input type="checkbox"/> Centrelink <input type="checkbox"/> Other: i.e. parole	<b>Key contact and number</b>
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Does the client consent to share information with the above services?

**MENTAL HEALTH ACT STATUS:**  None  Involuntary Treatment Order (ITO)  Forensic Order (F)  
 Comments:

Is the resident case managed by mental health services? Yes  No   
 Have you requested a **care review summary** or **discharge summary**? Yes  No

<b>DRUG AND ALCOHOL</b>	<b>RISK SUMMARY:</b>
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Drug Type	Does the resident use:	RISK SUMMARY:
Nicotine <i>e.g. cigarettes, tobacco</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Suicide i.e. Attempts, thoughts, isolation, self-harm, ask for dates Comments:
Alcohol <i>including methylated spirits</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amphetamines <i>e.g. speed, goey, ice</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <b>Violence</b> <input type="checkbox"/> <b>Does the client have a history of physical aggression?</b> <input type="checkbox"/> Sexual violence <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Criminal history <input type="checkbox"/> Current legal matters Comments:
Opioids <i>e.g. methadone, heroin, morphine</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Benzodiazepines <i>e.g. Temazepam, Diazepam</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Designer Drugs <i>e.g. MDA; ecstasy, MDMA Designer drugs</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inhalants <i>e.g. glue, petrol, paint, others</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Vulnerability

Others <i>e.g. pain killer, over the counter drugs</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	i.e. sexual abuse, institutional abuse, DV, prostitution, Intellectual disability, financial, self-neglect Comments:
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Are they willing to address their substance use? Yes  No

Are they linked with a drug and alcohol support service? *i.e. AA, NA*

**ACCOMMODATION TENANCY HISTORY:**

Has the resident lived in supported accommodation before? If so, where?

Can we ring the last accommodation provider for a reference? Yes  No  Phone number:

Has the resident ever been evicted? If so, why?

Is the resident willing to share a room?

History of Homelessness?  Yes     No

Known allergies:

Other comments:

**MONEY MANAGEMENT AND INCOME:**

Income type:	Next Pay Day:	Centrelink Card:
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**HEALTH, SELF-CARE AND PHYSICAL NEEDS:**

<input type="checkbox"/> Assistance to shower <input type="checkbox"/> Assistance to toilet	<input type="checkbox"/> Chronic disease management	<input type="checkbox"/> Diabetes management <input type="checkbox"/> special dietary requirements
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**FAMILY, SOCIAL AND CULTURAL SITUATION:**

*i.e. Children, parents, carer, indigenous status, can they speak English, marriage, single*

**MOBILITY:**

Wheelchair     Walker     Walking stick     Independent

**MEDICATIONS:**

Name	Dosage	Frequency	Route oral, injection	Next due	Who is responsible for the medication n management?

**FURTHER COMMENTS/ SUMMARY**