



# HOPE HOUSE CLIENT REFERRAL FORM

<b>Client's Name</b>		<b>Date of Referral</b>	
<b>Who is client staying with currently?</b> <i>(Name)</i>			
<b>Relationship to client</b>			
<b>Address where client is staying</b>			
<b>Referring Agency Details</b>			
<b>AGENCY</b> <i>(Name)</i>			
Agency Address			
Suburb & Postcode			
<b>Contact Phone No</b>			
<b>Authorised Agency Contact</b>			
<b>Contact Name</b>			
<b>Position</b>			
<b>Contact Phone No</b>			
<b>Email address</b>			
<b>Reason for referral</b>			
<b>Reasons for referring this client to Hope House</b>			
<b>Is client aware of referral &amp; has given consent verbally or written?</b> <i>(Tick Yes/No)</i>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> If written, please attach client consent		

**Send your completed application to:**

Community Life Batemans Bay – Hope House  
6 Herarde Street  
Batemans Bay NSW 2536

Phone 02 4472 2981 Mobile 0431 722 886

Email: [hopehouse@communitylifebb.org.au](mailto:hopehouse@communitylifebb.org.au)

Client Details			
<b>Family Name</b>			
<b>Given Names</b> <i>(Preferred Name?)</i>			
<b>Contact Phone No</b>		<b>Date of Birth</b>	
<b>Country of Birth</b>	<b>AUSTRALIA</b>		
<b>Cultural Identity</b>	<b>ATSI</b> <input type="checkbox"/> <b>CALD</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/> _____ <i>(please specify)</i>		
<b>Australian Citizen/Resident</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		
	<i>(If 'no', state type of Visa)</i>		
<b>Main language spoken at home</b>	ENGLISH _____		
	<i>Is an Interpreter required?</i> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		
<b>Religion</b> <i>(Describe needs for religious observance, if any)</i>			
<b>Current situation</b>	<b>Tenancy at risk</b> <input type="checkbox"/> <b>At risk of homelessness</b> <input type="checkbox"/> <b>Homeless</b> <input type="checkbox"/> If homeless, is client receiving emergency accommodation through Housing NSW? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <i>If 'yes', what date does this assistance expire?</i>		
<b>Source of Income</b>			
Family Details			
<b>Family Member's, children name/s</b>	<b>Address</b>	<b>Date of Birth</b>	<b>Contact No</b>
<b>Does client have custody or access arrangements?</b> <i>(Tick Yes/No)</i>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		

**Extended family and significant relationships**

List extended family members. You may include non-related people who are significant to client—ensure you describe the relationship:

Name of person	Relationship to Client

**Health**

**Describe the client’s general level of health**


**Substance use/abuse CANNABIS**


**Describe ongoing physical/mental health issues, allergies (challenging behaviours are further on)  
List below ALL medications the client takes**


Diagnosis	Made by	When
<b>Medication</b>		
Diagnosis	Made by	When
<b>Medication</b>		
Diagnosis	Made by	When
<b>Medication</b>		

**Treating practitioners who see the client regularly**

**Practitioner's Name and details**

<b>General practitioner</b>			
Address		<b>Phone</b>	
<b>Psychiatrist</b>			
Address		<b>Phone</b>	
<b>Psychologist</b>			
Address		<b>Phone</b>	
<b>Dentist</b>			
Address		<b>Phone</b>	
<b>Other</b>		<b>Phone</b>	

**Emotional and behavioural functioning**

<b>Can the client live independently or is support required for self-care tasks, property care, budgeting &amp; cooking tasks?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Physical Disability</b> <i>(If 'yes', give details)</i>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Intellectual/Cognitive Disability</b> <i>(If 'yes' give details)</i>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Gambling Addictions</b> <i>(If 'yes' give details)</i>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Is the client a Perpetrator of Domestic Violence?</b> <b>If so, is there a current AVO in place?</b>	<b>Yes</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>Is the client a Victim of Domestic Violence?</b> <b>If so, is there a current AVO in place?</b>	<b>Yes</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

<b>Please provide any further information regarding Domestic Violence</b>		
---	--	--

<b>Is the client in Custody</b> <i>(If 'yes', give details)</i>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
---	-------------------------------------	------------------------------------

**Please only complete this section if there are genuine concerns and issues for the client.**

The client requires assistance with reducing or eliminating:

<b>Risk-taking or self-harm behaviour</b> <i>(eg suicide talk, self-injury, sexual risk-taking – please describe and include current management strategies)</i>	
<b>Risk to other people or property behaviour</b> <i>(eg physical violence to others – please describe and include current management strategies)</i>	
<b>Alcohol and other drugs</b> <i>(eg experimental/binge/regular use of substances – please describe &amp; include current treatment or management strategies)</i>	
<b>Other</b>	

**Does the client actively engage and follow through with agreed case plans?**

**Offending behaviours**

<b>Has the client experienced periods of detention?</b> <b>Outline these:</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
--	---	--

**What is the nature of any offences?**

<b>Are there any current charges, orders, or bail conditions?</b> <b>Outline these:</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
--	---	--

**Personal identity**

**How would you describe the client's sense of identity?**

<b>Are there issues that need to be addressed with personal identity?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
---	---	--

<b>Are there issues with culture?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
---------------------------------------	---	--

**Access to services**

**Outline any other services the client accesses. Include any agencies providing services or supports such as mentoring, cultural awareness, etc.**

**Agency details – name, location, phone, key worker**

**Service provided**


**Accommodation/Housing**

**\* Current Accommodation**  
*(Please tick one)*

*\* Address of ticked box*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- own home
- private rental
- Housing NSW/Social housing
- refuge
- caravan
- friend
- family
- other
  
- homeless - see below \*

*\* If homeless, are they receiving emergency accommodation through Housing NSW?    **Yes**  **No***

*\* What date does this assistance expire? \_\_\_\_\_*

**Provide basic report/client 'story'**

**What Goals would you like to achieve whilst in Hope House?**

- 
- 
- 
- 
-