|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NSCLC Office Use Only | | | | | | | | |
| Conflict Search Date / Intake Date |  | Assigned / Appt Details | | Matter Listed on IML | | Any Pending Court Date | | |
|  |  |  | | Yes | |  | | |
|  |  |  |  | | | |  |  |
| **Intake Result** | | | | |  | **Client ID** | | |
| Advice Line  Appointment Booked  Information/Referral  Outreach – Service Delivered  Not eligible  Conflict | | | | |  |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** |  | | | | | | Date of Birth | |  | | | | | | |
| **Surname** |  | | | | | | Gender | | Male | | | Female | | Non Binary | |
| **Other Names** |  | | | | | | Family Type | 2 Parent  Dependant | 1  Parent  Dependant | No. of Dependent Children | | | | Single Parent Indicator | |
| Speaker Phone1 |  | | Call Yes  No | | Voicemail Yes  No | SMS Yes  No |  | Not Family | Other |  | | | | ☐ Yes ☐ No | |
| Speaker Phone2 |  | | Call Yes  No | | Voicemail Yes  No | SMS Yes  No | Aboriginal or Torres Strait Islander | | Aboriginal  TSI  Both  No | | | | | | |
| Email |  | | | | | Email Yes  No | Birth Country | |  | | | | | Year Arrived |  |
| Street |  | | | | | Post Yes  No | Immigration Visa Status | | Temp Visa Expiry Date: \_\_\_\_\_ | | Other | | Details: | | |
|  |  | | | | |  | Main Language | |  | | | | | Interpreter Req | |
| Suburb |  | Postcode | |  | | | English Capability | | Very Well  Well  Not Well  Nil | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Source of Income | | Centrelink Payment | | | | | | | Income Level | | |
| Earned | | JobKeeper | | | | | | Nil income | | |
| Youth Allowance | | | | | | Line arrow Slight curve $10,399 | | |
| Centrelink | | DSP | | | | | | Line arrow Slight curve $15,599 | | |
| Age Pension | | | | | | Line arrow Slight curve $20,799 | | |
| No Income | | ABStudy | | | | | | Line arrow Slight curve $31,119 | | |
| Veteran Benefit | | | | | | Line arrow Slight curve $41,599 | | |
| Other | | Parenting | | | | | | Line arrow Slight curve $51,999 | | |
| Carer Payment | | | | | | Line arrow Slight curve $64,999 | | |
| Financial Disadvantage | | | | | | | | Line arrow Slight curve $77,999 | | |
| Yes No Means | Yes Centrelink | | | Yes Temporary | | No  \_ | | Line arrow Slight curve$103,999 | | |
| Line arrow Slight curve$104,000+ | | |
|  |  | |  | | |  | | |  | | |
| Family Violence Indicator | | | | | Yes | | No | | | At Risk | |
| Homelessness Indicator | | | | | Yes | | No | | | At Risk | |
| Substance Abuse Issues | | | | | Yes | | No | | | Unknown | |
| In-Custody Status  (Crim Only) | | | | | None | | Yes – Details: | | | | |
| Disability Status | | | | N/A/Unknown  ABI  Sensory  Intellectual  Physical  Psych  Memory | | | | | | | |
|  | | | |  | | | | |  | | |
| Primary Law Type | | | | Civil  Criminal  Family | | | | | | | |
| Decision Making | | | | Self  EPA  EPG  SAT | | | | | | | |
|  | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Other Party 1  RP | | WAPOL Individual Govt Company Other | | | |
| First Name |  | | | Last Name |  |
| DOB |  | | Relationship | |  |
| Notes |  | | | | |
| Other Party 2  RP | | WAPOL Individual Govt Company Other | | | |
| First Name |  | | | Last Name |  |
| DOB |  | | Relationship | |  |
| Note |  | | | | |
| Other Party 3  RP | | WAPOL Individual Govt Company Other | | | |
| First Name |  | | | Last Name |  |
| DOB |  | | Relationship | |  |
| Note |  | | | | |
|  |  | | | | |
| Referred From |  | | | | |
| Contact Person |  | | | | |
| Referral Pathway |  | | | | |
|  |  | | | | |

|  |  |
| --- | --- |
| Intake Notes / Referral Reason |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Office Use Only: | | Completed by: (Initials) | | |  | | | Date: |  | | | |
| General | WREN | | OPRS | Tenancy | | Legal | Mediation | ROAR | FC | ND | T/Visa | Other |

### General Safety Assessment for FDV (if applicable)

|  |  |
| --- | --- |
|  | Do you ever feel afraid of somebody in your home, an ex-partner or family member? |
|  | Has anyone in your family, household, or from a previous relationship, ever hurt or threatened to hurt you? |
|  | Are you worried about any of these? |
|  | Your safety |  |  |  |
|  | The safety of your children |
|  | The safety of someone else in your family or household |

## **Program Specific Intake Information**

### Tenancy

|  |  |
| --- | --- |
| Dwelling Type |  |
| Tenure Type |  |
| Lease Type |  |
| Length of Tenure |  |
| Lease Start |  |
| Other Parties Notes | Housing Authority  Individual  REA |

##### WREN and OPRS

|  |  |
| --- | --- |
|  | Has the physical violence increased in frequency or over the past year? |
|  | Has the OP ever used a weapon against you or threatened you with a weapon? |
|  | Do you believe the OP is capable of killing you? |
|  | Does the OP ever try to choke you? |  |  |  |
|  | Is the OP violently and constantly jealous of you? |
|  | Do you feel safe in your current situation? |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WREN and OPRS - Other Party** | | | | | | | | | | | | | | | | | | | | | |
| Does OP have any disability/MH issues? | | | | | | | No  Yes | | | | | | | | | | | | | | |
| Is OP legally represented? | | | | | | | No | | Yes  By? | | | | | | | | | | | | |
| OP is legally represented for: | | | Criminal proceedings  Family matters  VRO  Unknown | | | | | | | | | | | | | | | | | | |
| If OP has crim procs, complainant is…? | | | | | | | Client | | | | | Other: | | | | | | | | | |
| Does OP have access to firearms? | | | | | | | No | | Yes | | | | | | | | | | | | |
| Does OP have a firearms licence? | | | | | | | No | | Yes | | | | | | | | | | | | |
| Does OP have a criminal record? | | | | | | | No | | Yes  For? | | | | | | | | | | | | |
| Does OP use/misuse drugs or alcohol? | | | | | | | No | | Yes  Drug of choice? | | | | | | | | | | | | |
| History of police orders? | | | | | | | No | | Yes  Date: | | | | | | | | | | | | |
| History of VRO’s? | | | | | | | No | | Yes  Date: | | | | | | | | Interim | | | | |
|  | | | | | | | Applicant *(if not client)* = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| Any breaches of the POs/VROs? | | | | | | | No | | Yes  Date: | | | | | | | | | | | | |
| Was OP charged for the breaches? | | | | | | | No | | Yes  Penalty: | | | | | | | | | | | | |
| WREN and OPRS - Relationship details | | | | | | | | | | | | | | | | | | | | | |
| Married  De facto  Parent  Child  Sibling  Other: | | | | | | | | | | | | | | |  | | | | | | |
| Started relationship: |  | | | | | | | | | | Date of separation: | | | |  | | | | | | |
| Date of cohabitation: |  | | | | | | | | | | Date of divorce: | | | |  | | | | | | |
| Date of marriage: |  | | | | | | | | | |  | | | | | | | | | | |
| Family Ct proceedings on foot? | | No | | | | Yes | | | | NCD: | | | | | | *Orders attached?* No  Yes | | | | | |
| CPFS involvement? | | No | | | | Yes | | | |  | | | | | |  | | |  | |  |
| *If yes:* Office location | |  | | | | | | | | | | | | | |
| Worker name | |  | | | | | | | | | | | | | |
| Worker number | |  | | | | | | | | | | | | | |
| **Children’s details (if applicable)** | | | | | | | | | | | | | | | | | | | | | |
| **Children:** | | | | | Of relationship | | | | | | | | | Of prior relationship | | | | | | | |
| **Name** | | | | **DOB** | | | | **Age** | | | | | **Father** | | | | | **LW?** | | **FCWA orders?** | |
|  | | | |  | | | |  | | | | |  | | | | |  | | No  Yes | |
|  | | | |  | | | |  | | | | |  | | | | |  | | No  Yes | |
|  | | | |  | | | |  | | | | |  | | | | |  | | No  Yes | |

Send referrals and clients can send any relevant documents to [**wren@nsclegal.org.au**](mailto:wren@nsclegal.org.au)

**Legal**

Not applicable for additional questions.

**Send referrals to (unless otherwise stated)**

[info@nsclegal.org.au](mailto:info@nsclegal.org.au)