|  |
| --- |
| 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 |
| [ ] YesNo Means | [ ] YesCentrelink | [ ] YesTemporary | [ ] 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 |  | LastName |  |
| DOB |  | Relationship |  |
| Note |  |
| Other Party 3 [ ]  RP | [ ] WAPOL [ ] Individual [ ] Govt [ ] Company [ ] Other |
| First Name |  | LastName |  |
| 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**

**Legal**

Not applicable for additional questions.

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

info@nsclegal.org.au