

Example client intake form

September 2024

Note for service providers

- You can distribute this form to your clients to collect the demographic information you need to report in the Data Exchange.
- **You do NOT need to use this form.** You may choose to use your own intake form or collect information in a way that is more appropriate for your clients.
- It may not be appropriate to ask a client to complete this form. Additionally, some clients may not feel comfortable completing this form. Use your professional judgement to determine the best way to collect this information.
- **If you do use this form, you should tailor it to your service and clients.**
 - Consider the demographic information your service needs and add relevant questions to the form. For example, whether your clients are working or studying, how many children they have, how long they have lived in Australia etc.
 - You may not need to record this information in the Data Exchange, but it will be useful for planning your services.

Important – Consent and privacy

- Service providers need to seek consent for their own use of this data. This consent is separate to the consent sought for using the Data Exchange.
- If you use this document, you should include a statement that is specific to your organisation's privacy policy in the 'consent' section.
- You must also consider how your organisation will collect and use personal information, and what consent arrangements may be required to ensure you are compliant with the Privacy Act 1988.
- Your service might have its own terms and conditions that clients need to agree to. You should also add this information to the document, if you use it.

Date: __ / __ / __

<Insert name of service>: Intake form

Below are some demographic questions. This information will help us better understand you and your needs and how we can best help you address them.

All the information you provide will be strictly confidential.

1. What is your full name or preferred name / pseudonym?

2. What is your date of birth or estimated date of birth?

DD / MM / YYYY

3. What is your gender?

<input type="checkbox"/>	Man or male
<input type="checkbox"/>	Woman or female
<input type="checkbox"/>	Non-binary
<input type="checkbox"/>	[I/They] use a different term
<input type="checkbox"/>	Not stated

4. What is your address? If you do not want to disclose your full address, please provide us with just your suburb, state and postcode.

Address line 1:	
Address line 2:	
Suburb:	
State:	
Postcode:	

5. What country were you born in?

- 6. What is the main language you speak at home?** If you speak more than one language at home, please write the language that is spoken most often.
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7. Do you identify as Aboriginal or Torres Strait Islander?

<input type="checkbox"/>	No
<input type="checkbox"/>	Aboriginal
<input type="checkbox"/>	Torres Strait Islander
<input type="checkbox"/>	Aboriginal and Torres Strait Islander

8. Do you have any of the following impairments, conditions or disabilities?

Please select all that apply. Medical documentation is not required. For information about each category speak to your practitioner or service provider.

<input type="checkbox"/>	Intellectual learning
<input type="checkbox"/>	Psychiatric
<input type="checkbox"/>	Sensory/speech
<input type="checkbox"/>	Physical/diverse
<input type="checkbox"/>	None

9. Are you homeless or at risk of being homeless?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	At risk


10. How would you describe the makeup of your household?

<input type="checkbox"/>	Single (person living alone)
<input type="checkbox"/>	Sole parent with dependent(s)
<input type="checkbox"/>	Couple
<input type="checkbox"/>	Couple with dependent(s)
<input type="checkbox"/>	Group of related adults
<input type="checkbox"/>	Group of unrelated adults
<input type="checkbox"/>	Homeless/no household

11. Where you referred to us by another organisation, service or program? If so, please provide the name below. If you were referred to us by a friend or family member please state this below.

12. From the list below, please choose the main reason you are seeking help and any secondary reasons for seeking assistance. Please select the reasons that best describe your issue(s). Speak to your service provider if you're not sure.

<input type="checkbox"/>	Physical health
<input type="checkbox"/>	Mental health, wellbeing and self-care
<input type="checkbox"/>	Personal and family safety
<input type="checkbox"/>	Age-appropriate development (e.g. need support with child's development)
<input type="checkbox"/>	Community participation and networks (e.g. socially isolated, need community/family support, want to engage with community more)
<input type="checkbox"/>	Family functioning (e.g. family conflict, lack of support and positive family relationships)
<input type="checkbox"/>	Financial resilience (e.g. difficulty finding money for emergencies, struggle to make ends meet).



<input type="checkbox"/>	Employment
<input type="checkbox"/>	Education and skills training
<input type="checkbox"/>	Material wellbeing and basic necessities (e.g. limited access to basic material resources like food, clothes, transport)
<input type="checkbox"/>	Housing

Consent

The information you provide on this form includes your personal information. Your personal information is protected by law, including by the Commonwealth Privacy Act.

We are using an IT system called the 'Data Exchange' to store your information. This system is hosted by the Australian Government Department of Social Services (DSS). The personal information that is stored on the Data Exchange is only disclosed to us for the purpose of managing your case.

You do not have to consent to sharing your personal information with DSS. If you do not consent to us sharing your personal information, it will not affect the services you receive. If you do consent to sharing your personal information with DSS, you can ask for this information to be removed at any time.

DSS de-identifies your data. This means they remove information that identifies you or that could be used to re-identify you (e.g. your name).

DSS combine your data with other clients' data in the Data Exchange to identify trends at the program level. This information is used to develop policy, administer grants programs, and conduct research and evaluations.

DSS may use this data to produce reports. These reports may be shared with other organisations. The data in these reports is de-identified.

You can find more information about how DSS will manage your personal information in the DSS privacy policy on their website: <https://www.dss.gov.au/privacy-policy>.

This policy explains:

- how to access the personal information that is stored about you on the Data Exchange
- how you can ask for this information to be changed or removed.
- the circumstances in which DSS may disclose personal information to overseas recipients
- how to complain about a breach of the Australian Privacy Principles by DSS, and how DSS will deal with your complaint.

	Yes	No
I consent for my personal information to be stored in the Data Exchange	<input type="checkbox"/>	<input type="checkbox"/>
I consent to participate in follow up research, surveys or evaluation	<input type="checkbox"/>	<input type="checkbox"/>
<< Insert organisational consent request here>> ¹	<input type="checkbox"/>	<input type="checkbox"/>

For more information about the Data Exchange, please speak to your practitioner or service provider.

¹ Service providers need to seek consent for their own use of the data. Insert a statement here that is specific to your organisation's privacy policy.

For service provider to complete

1. Was a referral made to another service?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

2. If yes, was this referral internal or external?

<input type="checkbox"/>	Internal – made to another service offered within the same organisation
<input type="checkbox"/>	External – made to a service provided by a different organisation

3. If yes, what was the purpose of this referral?

<input type="checkbox"/>	Physical health
<input type="checkbox"/>	Mental health, wellbeing and self-care
<input type="checkbox"/>	Personal and family safety
<input type="checkbox"/>	Age-appropriate development
<input type="checkbox"/>	Community participation and networks
<input type="checkbox"/>	Family functioning
<input type="checkbox"/>	Financial resilience
<input type="checkbox"/>	Employment
<input type="checkbox"/>	Education and skills training
<input type="checkbox"/>	Material wellbeing and basic necessities
<input type="checkbox"/>	Housing
<input type="checkbox"/>	Support to caring role
<input type="checkbox"/>	Other