**\*\*\* Only complete sections where relevant to support needs and information known – else leave blank. \*\*\***

This form collects key information to enable OneLink to assess need for services and to connect to those services.

Please send the completed form to **info@onelink.org.au**(preferred) or fax to 02 6285 1322 - *attention OneLink*.

Call **1800 176 468** if urgent or if any questions. See [www.onelink.org.au](http://www.onelink.org.au) for more information.

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| **Section 1: Referral and Consent** |
| **REFERRAL / AGENCY DETAILS (if applicable)** |
| Referring Agency:  | Contact Person:   | Phone: Email:  |
| **CONSENT TO COLLECT INFORMATION** *See OneLink Privacy Policy at: www.onelink.org.au* |
| All information on this form will be treated in accordance with the OneLink Privacy Policy. OneLink collects information to connect individuals and families to the right service at the right time.This information is stored on a database. No-one outside OneLink has access to identified information from this database without the person’s consent.With a person’s consent, OneLink will give information to other organisations to connect them to services.Information may also be shared with external agencies if required under law, or to prevent a serious threat to anyone’s safety. * Does the person agree to provide information on this basis? ☐
* Does the person agree for OneLink and **the referring agency** exchanging information? ☐
* Does the person agree for OneLink to provide information to **other agencies** to facilitate support? ☐
* Are there any persons or agencies that the person **does not** want OneLink to exchange information with? ☐

 List persons or agencies **not** to be contacted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Section 2: Personal and Household Details** |
| **PERSONAL DETAILS – main contact person** |
| Name:  | DOB / Age:  | Gender:  | Enquiry Date:  |
| Contact phone(s): Is it ok to leave a message? *Yes* ☐ *No* ☐ | Email:  |
| Address:  |
| Preferred contact method: *Phone* ☐ *Text* ☐ *Email* ☐ *Other* ☐ (details)*:* If no phone, how can we get in contact?  |
| Work/study: *Employed* ☐ *Unemployed* ☐ *Not in the labour force* ☐ *Studying* ☐Job/course: *Full-time* ☐ *Part-time* ☐ *Casual* ☐Current or former Australian Defence Force (ADF) member? *Yes* ☐ *No* ☐ *Don’t know* ☐ |
| Aboriginal ☐Torres Strait Islander ☐Neither ☐ | Country of birth:Year of arrival: | Language spoken at home:Interpreter required *Yes* ☐ *No* ☐  |
| **HOUSEHOLD DETAILS – include significant others and carers (use page 2 if more space needed)** |
| **Name****(first name, surname)** | **Gender** | **Date of Birth/Age** | **Relationship/ whether living with contact** | **Aboriginal or Torres Strait Islander?** | **Country of birth/year of arrival** | **Education or employment status** |
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| **Number and type of pets with person/household:** |

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| **Section 2: Presenting issues, current support and services sought** |
| **PRESENTING ISSUES AND NEEDS** |
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| **CURRENT SUPPORTS, FORMAL AND INFORMAL** |
|  |
| **SERVICES AND ASSISTANCE BEING SOUGHT THROUGH ONELINK** |
|  |
| ***HOUSEHOLD DETAILS – continued, where more than can fit on page 1*** |
| ***Name******(first name, surname)*** | ***Gender*** | ***Date of Birth/Age*** | ***Relationship/ whether living with contact*** | ***Aboriginal or Torres Strait Islander?*** | ***Country of birth/year of arrival*** | ***Education or employment status*** |
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**\*\*\* Only complete sections where relevant to support needs and information known – else leave blank. \*\*\***

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| **Section 3: Financial Details** |

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| **INCOME (all household members)** | **OUTGOINGS** |
| **Employment income** ☐ | **Debts / Loans** |
| **Centrelink** | Rental Arrears ☐ |
| Disability Support (DSP) ☐ | Housing ACT – bond loan ☐ |
| Newstart / Youth Allowance ☐ | Housing ACT – sundry ☐ |
| ABSTUDY / Austudy ☐ | Centrelink ☐ |
| Parenting payment ☐ | Bank loan ☐ |
| Family Tax Benefit A/B ☐ | Pay day loan ☐ |
| Aged Pension ☐ | Credit card(s) ☐ |
| Commonwealth Rent Assistance ☐ | Other debt (please specify): |
| Child Support Receiving ☐ |
| **Other benefit or income** (please specify): | **Significant payments** |
| Rent or mortgage: $ per week / fortnight / month  |
| Approx total income:$ per week / fortnight / month | Child Support Payments ☐ |
| Other significant payments (please specify):  |
| Any concerns about financial impact of gambling on the household? *Yes / No* |
| Any other information or concerns about the household’s financial situation? |

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| **Section 4: Housing Details** |
| **CURRENT TENANCY DETAILS** |

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| Public housing ☐ | Private rental ☐ *Current lease type: Fixed / Periodic* | Other (explain): |
| Community housing ☐ |
| Friends or family ☐ | Share housing ☐ |
| Couch surfing ☐ | No tenancy ☐ |
| Is current lease / tenancy expected to end soon? *Yes / No* If yes, what date:If yes, give details (include legal notices or action): |
| Any other information or concerns about the household’s current tenancy? |
| **WHAT TYPE OF HOUSING IS SOUGHT?** |
| **Emergency accommodation?** *Yes / No* Is the person willing to:share with others\*? *Yes / No* follow house rules? *Yes / No*pay rent (approx 25% of income)? *Yes / No* | **Medium/long-term accommodation?** *Yes / No*Is the person willing toshare with others\*? *Yes / No*look at community housing? *Yes / No*look at private rental? *Yes / No* |
| Current ACT Housing application in place? *Yes / No* |
| Transport: *Car / Public Transport / Other (specify):*  |
| Special requirements for any tenancy (eg location, pets, access issues): |
| Any other information or concerns about the household’s tenancy needs, or possible barriers to securing a tenancy? |

*\* generally only will share if one person or single parent and child*

**\*\*\* Only complete sections where relevant to support needs and information known – else leave blank. \*\*\***

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| **Section 5: Health, Mental Health, Disability, Alcohol, Tobacco and Other Drugs Details** |
| **HEALTH AND DISABILITY DETAILS** |

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| Is anyone in the household living with a disability? *Yes / No*  What type of disability?Does the person need help or supervision with self care ☐ mobility ☐ communication ☐? |
| Are there any physical health concerns? *Yes / No* |
| Are there any mental health concerns? *Yes / No* |
| Do anyone in the household have or is seeking NDIS funding? Yes – have a NDIS package☐ Yes – seeking NDIS funding ☐ No ☐ Unsure ☐ If have an NDIS package, are services being received under the package? *Yes / No* |
| Current services in place (formal and informal): | Details of support needed: |

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| **ALCOHOL, TOBACCO AND OTHER DRUGS DETAILS** |

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| Does anyone in the household use alcohol, tobacco or other drugs? *Yes / No*Are there any issues or impacts arising from this for the household? |
| Current services in place (formal and informal): | Details of support needed: |

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| **Section 6: Family Relationship and Legal Issues Details** |

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| What type of family supports and connections does person/household have? |
| Is there any current or previous domestic violence? *Yes / No* Details: |
| Is there any involvement by Statutory Child Protection Services (current or past)? *Yes / No* Details:  |
| Does the person/household have any current court orders or other legal issues? *Yes / No* Details:  |
| Current services in place (formal and informal): | Details of support needed: |

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| **Conclusion:** Are there any other concerns or risk factors that potential services should be aware of? |

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| Details: |