



Aboriginal Prisoners & Offenders Support Services Inc. (APOSS)
19-23 Cypress Street, Adelaide SA 5000 /
Phone: (08) 8223 3177 - Fax: (08) 8223 3477

APOSS General Assessment

Please note that all information is to be kept confidential

Date of Assessment.....

Name of worker undertaking assessment.....

Where is the assessment being done.....

Client's Personal Details

Name

Preferred Name (if different).....

D.O.B/...../.....

Age

Address.....

Phone Mobile

Emergency contact: Phone

Relationship to client

Address.....

Cultural Identity/Ethnicity

Aboriginal:

Torres Strait Islander:

Non-Aboriginal:

Interpreter Required: Yes No

Legal /Statutory Details

Is the client currently incarcerated Yes No

Where.....

Expected date of release.....

How long have you been incarcerated

Has the client ever been charged for an offence? What? Yes No

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.....
.....

Current charges.....

Client’s legal representative:

Phone:Fax:.....

Corrections / Parole officer:

Phone:Mobile.....

Email:

Office/location:

.....

Other Legal:

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Does the Following Apply to the Client

Probation:

Bail:

Parole:

Home detention / Curfew:

Community Service Order:

Restraining order:

Pending court appearance:

Fines:

Homelessness / Accommodation / Housing History

Primary

(Without conventional accommodation/rough sleeper – parks, cars, makeshift dwellings)

Secondary

(Moves frequently between various forms of temporary shelter- friends/emergency)

Tertiary

(In marginal accommodation, single rooms in boarding houses)

Describe current living circumstances, location and duration:

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.....
.....

Public Housing Tenant? (E.g. Housing SA) Yes No

If 'yes' please describe (e.g. location, duration, reason for leaving, outstanding debts):

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Current application for Housing SA: Yes No

Category 1 Category 2 Category 3

Previous APOSS tenant Yes No

If 'yes' please describe (e.g. location, duration, reason for leaving, outstanding debts)

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.....

'Other'

Mental Health Information

Formal Diagnosis Yes No

If yes please describe:

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Medication Yes No

Compliant with medication Yes No

CTO: Yes No

On Licence: Yes No

Current MHS client Yes No

Mental Health Services

Team/Location:

Worker Name:

Phone Mobile.....

Email.....

Further Notes Regarding Client / Assessment

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Authority to Release and Obtain Information

I authorize Aboriginal Prisoners and Offenders Support Services (APOSS) Client Services Worker to obtain and release information about myself, which may be contained on file records and be relevant to my management plan, to the organisations identified below, to assist in providing me with appropriate support and accommodation:

<input type="checkbox"/> APOSS <input type="checkbox"/> Centrelink <input type="checkbox"/> Courts Administration Authority <input type="checkbox"/> Department of Correctional Services <input type="checkbox"/> Department of Families and Communities <input type="checkbox"/> Department of Health <input type="checkbox"/> Drug and Alcohol Services, SA <input type="checkbox"/> Guardianship Board of SA <input type="checkbox"/> OARS SA <input type="checkbox"/> Office of the Public Advocate <input type="checkbox"/> Parole Board of SA <input type="checkbox"/> SAPOL <input type="checkbox"/> Aboriginal Sobriety Group (ASG) <input type="checkbox"/> Housing SA <input type="checkbox"/> Women Legal Services <input type="checkbox"/> Warinilla Clinic <input type="checkbox"/> Public Trustee <input type="checkbox"/> Disability SA <input type="checkbox"/> Lawyer(s) <input type="checkbox"/> Aboriginal Legal Right Movement (ALMR)	<input type="checkbox"/> General Practitioner (please specify): Name: _____ Address: _____ <input type="checkbox"/> Non-Government Organisations (please specify): <input type="checkbox"/> The Salvation Army <input type="checkbox"/> Uniting Care Wesley Adelaide <input type="checkbox"/> Hutt Street Centre <input type="checkbox"/> The Magdalene Centre <input type="checkbox"/> Nunkuwarrin Yunti <input type="checkbox"/> MACHA (Unity Housing Company) <input type="checkbox"/> Brian Burdekin Clinic <input type="checkbox"/> Anglicare, SA <input type="checkbox"/> Richmond Fellowship of SA <input type="checkbox"/> Catherine House <input type="checkbox"/> Life Without Barriers <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Other relevant agencies/services: _____ _____
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Please specify any agency/s that you do not want to be contacted or information released to:

Name: _____ Date of birth: ____/____/____

Address: _____

Signed: _____ Date: _____

Witness to Signature: (Name) _____

Signed: _____ Date: _____