



Client Assessment Form / Accommodation

“All questions are to be completed”

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 Information

Name Preferred Name (if different).....

DOB/...../.....

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:.....
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Client's legal representative: **Phone:**

Corrections / Parole officer **Phone**

Office/location.....

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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.....
.....

Previous public housing tenant (e.g. Housing SA) Yes No

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

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Alcohol & Other Drug Details

If yes, identify the circumstances relating to the client’s current alcohol & other drug use need.

Problematic use of alcohol

Problematic use of other drugs

.....

Indicate client’s alcohol & other drug impact use.

Low [infrequent]

Medium [occasional]

High [frequent]

Extreme [ongoing]

Is the client engaging in counselling/accessing rehabilitation to address current problematic drug and

Alcohol misuse?

Yes No

Would the client like to be referred to drug and alcohol counselling/rehabilitation?

Yes No

Health / Medical Details

Does the client currently have GP?

Yes

No

HIV/AIDS Yes No

Hep C Yes No

Diabetes Yes No

Seizures Yes No

Heart Problem Yes No

Epilepsy Yes No

Liver problems Yes No

Recent Illness Yes No

Allergies Yes No

[Bee stings/dietary problems etc]

Resistant to Treatment Yes No

‘Other’

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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

MHS Team/Location:

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Client reasons for wanting to access APOSS accommodation

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Is the client aware that there is a waiting list for APOSS accommodation Yes No

Is the client aware that APOSS only offers temporary accommodation of up to 3 months? Yes No

Is the client aware that if they do not reside in the approved address with APOSS, for more than 3 nights in a row during the first week, they will be issued with a written warning for impending eviction, and their parole officer (if applicable) will be notified? Yes No

Is the client aware of the process for MAP Yes No

Is the client aware that it is expected that all clients residing in APOSS properties will be case managed Yes No

Does the client have an understanding of what it means to be case managed Yes No

Is the client willing to engage in case management Yes No

APOSS worker view of client situation(s)

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Does the panel agree to accommodate this client Yes No
If no please briefly explain why

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Approved Accommodation

This client will be offered accommodation at.....

.....

Commencing.....until.....

.....

Denied Accommodation / Reason

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Has the client been notified of the outcome of MAP Yes No

Worker responsible for notifying client.....

Check List for Worker

Has the worker spoken to lawyer/correctional officer to determine criminal history, including nature and length of incarceration, and all pending court dates? Yes No

Does APOSS have a copy of all existing parole conditions (this can be obtained from correctional officer) Yes No

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 Rights Movement (ALRM)	<input type="checkbox"/> General Practitioner (please specify): Name: _____ Address: _____ <input type="checkbox"/> Non-Government Organisations (please specify): <ul style="list-style-type: none"> <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: _____