

Client Intake, Referral & Consent Form

for Drop-ins, Case Management, Counselling, Other Referrals,
Programs & Events



This form may be used by a young person referring themselves to MYST to access MYST's programs and services, by a MYST staff member taking down the details of a young person who is seeking support, or by an external organisation referring to MYST.

Date:

1. About you / the young person

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?

I do not wish to disclose my real name.

2. What is your date of birth
(DD/MM/YYYY)?

I do not know my actual date of birth. This is an estimate.

3. What is your gender?

Male

Female

Other: _____

Do you identify as part of the LGBTQIA+ community? Please tick if 'yes'.

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. Do you have a mobile phone and an email address?

Phone:	
Email address:	

6. What country were you born in?

7. 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.

8. 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

9. What do you do for fun?

Name three things that you enjoy doing.

1.	
2.	
3.	

10. Are there any cultural practices you would like to share with us?

<input type="checkbox"/>	Are there any significant events you celebrate? (e.g. NAIDOC, Luna New Year, Easter, Ramadan)
<input type="checkbox"/>	Would you prefer to work with a staff member of a specific gender?
<input type="checkbox"/>	Anything else? (Please write below if you are happy to share with us).

11. School, work or study

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you attend school? If yes, what school do you attend?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a job? If yes, what is your job?
<input type="checkbox"/>	<input type="checkbox"/>	Are you doing any study, e.g. an apprenticeship, studying at TAFE? If yes, what are you studying?

12. How is your health?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have epilepsy?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any allergies? For example, to a specific type of food.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any other health concerns? For example, physical pain, or mental health issues such as feeling down, lonely or anxious. If yes, is it OK to tell us a little about what they are?
<input type="checkbox"/>	<input type="checkbox"/>	Are you on any regular prescription medications? If yes, can you tell us what they are, and the dosage and frequency?
<input type="checkbox"/>	<input type="checkbox"/>	Have you experienced drug and/or alcohol use?

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

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

14. What is home like for you?

If you are living at home, how would you describe the makeup of your household?

<input type="checkbox"/>	I live by myself.
<input type="checkbox"/>	I live with my family / my guardian.
<input type="checkbox"/>	I live with a group of friends.
<input type="checkbox"/>	I'm temporarily living at a friend's house.
<input type="checkbox"/>	I'm homeless.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you feel safe at home?
<input type="checkbox"/>	<input type="checkbox"/>	Have you experienced any verbal, physical, emotional, or financial abuse or violence in the home?
<input type="checkbox"/>	<input type="checkbox"/>	Have you experienced any verbal, physical, emotional, or financial abuse or violence outside the home?
<input type="checkbox"/>	<input type="checkbox"/>	Are you living in a place where you have access to a safe, clean space e.g. clean water, clean air, clean living areas?

15. You and the law

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you been in trouble with the law?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, do you feel comfortable providing some details, such as a police charge, or fine?

2. How can MYST help you?

How did you hear about MYST? Did anyone refer you?

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What interests you about MYST's programs and services? How would you like us to help you if we can?

<input type="checkbox"/>	Case management: I'd like to see a case worker for some support in getting my life back on track.
<input type="checkbox"/>	Counselling: it would be great if I could talk to someone.
<input type="checkbox"/>	Financial counselling: it would be great to get some help with my money problems.
<input type="checkbox"/>	Mentoring / youth support: it would be great to have some guidance and support.
<input type="checkbox"/>	Programs and activities: I'd like to get involved in doing good stuff.
<input type="checkbox"/>	Other: please let us know what else.

3. Name of your guardian

If you are under 18 years old, we are required to ask for the name of your guardian. And if you are under 16 years old, the person must be appointed as your legal guardian.

Guardian's name:			
Guardian's contact number:			
Guardian's address:			
Suburb:			
State:		Postcode:	

4. Name of the referring organisation

If this form is being completed by an external organisation, could you please give us your details.

Name or organisation:			
Contact name / position:			
Phone:			
Email:			
Address:			
Suburb:			
State:		Postcode:	

5. Seeking your consent to share information

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

In order for MYST to work with you / the young person, we need your consent to share information in some circumstances. This is why we have a 'Consent to Share Information' form for you to consider and then sign if you agree that it's OK to consent to share information.

The MYST team takes confidentiality very seriously. It is your right for your information to be kept private and safe. MYST uses a secure Data System, the MYST accountability Data System (MaDS) to store all your information; this data is only accessible by appropriate staff allocated to your case, and other staff members if you are being supported by more than one staff member. We are also expected to provide certain information to our funding body, the Department of Communities and Justice, through the IT system called Data Exchange that is hosted by the Australian Government Department of Social Services (DSS) regarding the young people that we provide services to and support. This information is 'de-identified', meaning that we remove information that identifies you or that could be used to re-identify you, such as your name.

Please read the attached 'Consent to Share Information' form carefully. If you have any questions, please ask a MYST staff member.

Note: if the Consent form is being discussed by phone, please note on the form that verbal consent was confirmed or not confirmed by phone. The form should then be signed by the young person at their first appointment.

Consent to Share Information

Collecting and Releasing Personal Information



Mountains Youth Services Team (MYST) takes confidentiality very seriously. It is your right for your information to be kept private and safe. MYST uses a secure Data System (MaDS) to store all your information; this data is only accessible by appropriate staff allocated to your case. However, if you are supported by more than one staff member at MYST, we may also need to share your birthdate and name with those staff members to ensure we are keeping accurate records.

Our Service is funded by NSW Department of Communities and Justice, and we are expected to provide our funding body with information regarding the young people for whom we provide services and support. We do this via the Data Exchange (DEX). DEX de-identifies clients with a client number and keeps no details that can identify you, or the reason why you and MYST are working together.

There are some situations where we must, by law, provide information to others when requested of us or when it is mandatory for us to do so, relating to section S16A of the NSW Child Protection Legislation. While we do not need your permission to share this information, if it is appropriate, we will tell you if this is something we need to do.

Sometimes we need to talk to other organisations or people about you, so that we can support you in the best way possible. We need your consent to do that, due to privacy laws in Australia. This form gives you the opportunity to decide if you are happy to give consent to share your information with other services/support workers.

Please note: Refusing to give consent to share your information on the DEX system will not affect the level of service that is provided to you by MYST. Please tick the boxes below that fit you.

<input type="checkbox"/>	I give permission for the staff of Mountains Youth Services Team to store my details and information on the MYST accountability Data System (MaDS).
<input type="checkbox"/>	I give permission for the staff of Mountains Youth Services Team, to release, obtain and discuss relevant information about me with:
You may wish to <u>exclude</u> some people or agencies. Please list these here:	
<input type="checkbox"/>	I give permission for the staff of Mountains Youth Services Team to transfer required details from MaDS onto the Data Exchange (DEX). <i>This information will be de-identified. See box below for example of information required by DEX.</i>
<input type="checkbox"/>	I <u>do not</u> give permission for any details to be shared on the Data Exchange (DEX).
<input type="checkbox"/>	I consent to participate in follow-up research, surveys or evaluation.

This consent form has been explained to me and I understand that I may change my consent at any time. **This consent is valid for the whole period I am with MYST** unless I tell you my circumstances have changed.

Name:		Signature:		Date:	
Guardian:		Signature:		Date:	
Witness:		Signature:		Date:	

* Verbal consent confirmed by phone. Yes No

DEX required information: Given & Family name or pseudonym / Date of birth / Gender / Suburb/Town / State & postcode / Country of Birth / main language spoken at home / Aboriginal or Torres Strait Islander origin / Disability (Yes or none/not stated)

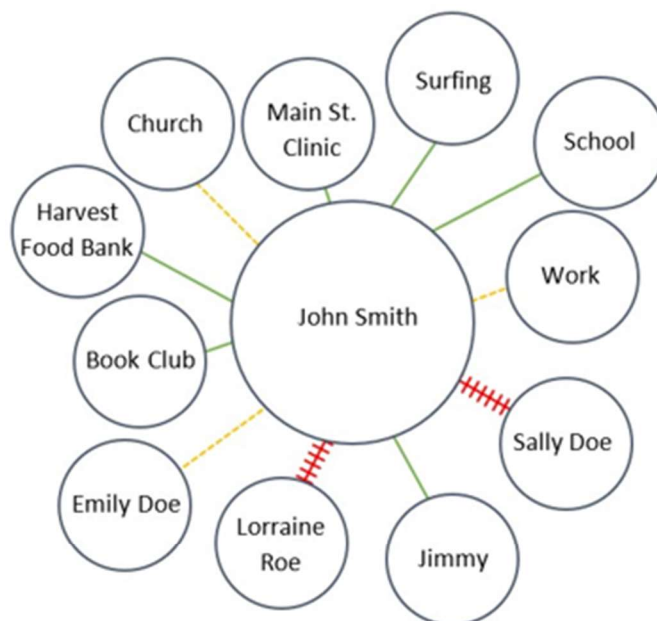
For MYST staff only - Developing a Client Eco-map

An eco map provides a holistic snapshot of the client's current relationships with their current environment. It can be useful to develop an initial Client Eco-map at intake as it will graphically illustrate any needs not being met, or needs that need stronger support in order to be met. In theory and practice, eco maps should be done in a face-to-face capacity where appropriate; if that isn't possible, then they could be done over the phone as a second option.

It is proposed that MYST staff develop a Client Eco-map to discuss with the client from an analysis of the details provided in this Intake Form and your discussion with them.

An example is given below, along with details of what the lines and symbols represent.

Sample of an Ecomap for Social Work



Standard Ecomap Symbols

