

***Parent and Children Education (PACE)***

***INTAKE AND NEEDS ASSESSMENT FORM***

***confidential (one client per form)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***CLIENT DETAILS*** | | | | | | | |
| **Name:** | | |  | | | | |
| **Date of Birth:** | | | | | | **Age:** | **Gender: □ Male □ Female** |
| **Identifies as:** | | | **□ Aboriginal □ Torres Strait Islander □ Both** | | | | |
| **Contact Phone Number:** | | |  | | | | |
| **Alternative Contact:** | | |  | | | | |
| **Address: (normal place of residency)** | | |  | | | | |
|  | | | | |
| ***CUSTODY / GUARDIANSHIP / PARENTING / CONTACT ORDERS / YOUTH JUSTICE ORDERS*** | | | | | | | |
| **Do you have any orders currently in place for your child?** | | | **□ Yes □ No □ In the process** | | | | |
| **If yes, type of order in place:** | | |  | | | | |
| **Are you able to provide us with a copy?** | | | **□ Yes □ No** | | | | |
| **What is the nature of the order?** | | | **□ Full Custody □ Shared Custody □ Visitation Orders**    **□ Other:** | | | | |
| **Additional Comments:** | | |  | | | | |
|  | | | | |
| ***PARENT / GUARDIAN / NEXT OF KIN DETAILS*** | | | | | | | |
| **Full Name:** | | |  | | | | |
| **Contact Phone Number:** | | |  | | | | |
| **Address: (if different to above)** | | |  | | | | |
|  | | | | |
| ***PARENT / GUARDIAN / NEXT OF KIN MUST ATTEND AN INTAKE MEETING WITH DCYSI AND THEIR CHILD*** | | | | | | | |
| ***SCHOOL DETAILS*** | | | | | | | |
| **Name of School:** |  | | | | | | |
| **Year Level:** |  | | | | | | |
| ***SUPPORT REQUIRED*** | | | | | | | |
| **□ Education** | | | | **□ Transport** | | | **□ Attendance** |
| **□ NAPLAN** | | | | **□ Enrolment** | | | **□ Advocacy** |
| **□ Information / Advice / Referral** | | | | **□ Other** | | | |
| ***DETAILS OF REFERRING PERSON / SCHOOL / ORGANISATION / PROGRAM*** | | | | | | | |
| **Name of Referee:** | | | | |  | | |
| **□ School / School Name:** | | | | |  | | |
| **□ Organisation / Name of Organisation:** | | | | |  | | |
| **□ DCYSI Program / Name of Program:** | | | | |  | | |
| **Reason for referral:** | | | | |  | | |
| **What current supports are being accessed?** | | | | |  | | |
| **Additional Information:** | |  | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***CLIENT CONSENT*** | | | | | | | |
| * **I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that in obtaining support from the PACE program for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, that all *ATTENDANCE, NAPLAN AND ACADEMIC RESULTS* captured by the school is to be made accessible to PACE workers.** | | | | | | | |
| * **I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorise PACE to be contacted and/or sent an SMS notification when my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is absent from school and/or has been suspended / expelled from the school.** | | | | | | | |
| * **I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorise DCYSI to collect and obtain the above personal information about my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to share with relevant agencies and services to assist in addressing identified needs.** | | | | | | | |
| * **I understand and acknowledge DCYSI’s Privacy Policy including:** * **my right to access personal information held by the organisation** * **my right to withdraw my consent upon giving notice in writing** | | | | | | | |
| * **I understand that DCYSI must comply with relevant privacy laws and will contact the organisation immediately if I feel these laws have been breached.** | | | | | | | |
| * **I give DCYSI consent for identifiable photos to be taken and shared for media and promotional purposes.** | | | | | | | |
| * **I have received and read a copy of the DCYSI Client Service Charter.** | | | | | | | |
| **Client Name:** |  | | | | | | |
| **Signature:** |  | | | | | | |
| **Date:** |  | | | | | | |
| ***(IF UNDER 18 YRS OF AGE, PARENT / GUARDIAN / NEXT OF KIN SIGNATURE IS REQUIRED)*** | | | | | | | |
| **Parent / Guardian / Next of Kin Name:** | | | |  | | | |
| **Signature:** | | | |  | | | |
| **Date:** | | | |  | | | |
|  | | | | | | | |
| **PACE SIGN OFF (office use only)** | | | | | | | |
| **Does the client require any further support from PACE?** | | | | | | **□ Yes** | **□ No** |
| **Was a referral provided to the client?** | | | | | | **□ Yes** | **□ No** |
| **Who was the client referred to?** | | | | | | | |
| **□ Eaglehawk** | | | **□ RYSS** | | **□ Darderrhi** | | |
| **□ Buderoo House** | | | **□ CQID** | | **□ Centrelink** | | |
| **□ Other** | | |  | | | | |
| **Has a copy of this form been given to and/or sighted by the school?** | | | | | | **□ Yes** | **□ No** |
| **Entered on SRS and filed?** | | | | | | **□ Yes** | **□ No** |
| **SW Name:** | |  | | | | | |
| **Signature:** | |  | | | | | |
| **Date:** | |  | | | | | |
| **Sighted and Approved by SSW:** | | | | | | **□ Yes** | **□ No** |
| **SSW Name:** | |  | | | | | |
| **Signature:** | |  | | | | | |
| **Date:** | |  | | | | | |