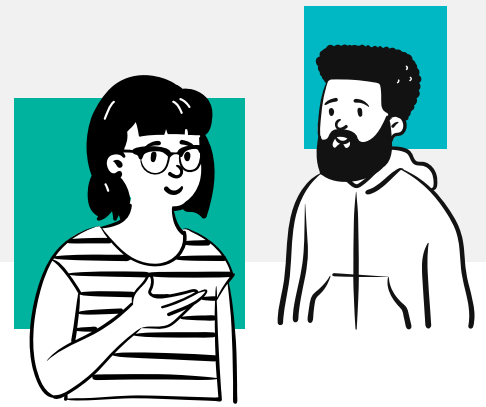


# Partners in Wellbeing



## Intake Referral Form / Screening Tool

### Section 1 – General

#### 1A – Consent

I have received informed consent from the person to make a referral to Partners in Wellbeing on their behalf

The person has provided consent for their information to be shared for the purposes of making this referral

\_\_\_\_\_  
Signature (referrer)                      Date

#### 1B – Referrer information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Organisation/service                      Role

\_\_\_\_\_  
Contact number                      Email

Describe the reasons for the referral/support needs

What types of supports do you regularly provide to the person you are referring?

#### 1C – Consumer information

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Preferred name                      Gender

\_\_\_\_\_  
DOB                      Relationship status

\_\_\_\_\_  
Address

\_\_\_\_\_  
Suburb                      Postcode

\_\_\_\_\_  
Primary phone                      Alternate phone number

\_\_\_\_\_  
Preferred contact method                      Aboriginal/Torres Strait Islander

\_\_\_\_\_  
Country of birth                      Visa status

\_\_\_\_\_  
Interpreter required?                      Language

\_\_\_\_\_  
Australian resident?                      Are you a veteran?

#### 1D – Emergency contact

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Relationship to participant                      Contact number

\_\_\_\_\_  
Email

## Section 2 – Referral options

Are you a small business owner?

- Yes > Please continue
- No > You are eligible for general wellbeing support  
Skip to **Section 6**

Are you a member of one of the following industry peaks?

*Industry peaks include Hairdressing, Barber and Beauty Industry, Australian Hotels Association Vic, Victoria Tourism Industry, Commerce Ballarat, Geelong Chamber of Commerce, Be Bendigo, Victorian Chamber Commerce, Australian Retailers Association, Victorian Indigenous Chambers of Commerce, Ai group.*

- Yes > You are eligible for general wellbeing support, financial counseling and Industry Peak Member Support.  
Please continue to **Section 3**
- No > You are eligible for general wellbeing support and financial counseling.  
Skip to **Section 4**



## Section 3 – Industry Peak Support

If you don't want to be referred to the Industry Peak Support, please skip to **Section 4**

Please indicate the industry peak of which you are a member



## Section 4 – Financial counseling

If you don't want to be referred to financial counseling, please skip to **Section 5**

Do you have any debts?

- Yes
- No

If yes, select the type of debt (tick multiple if applicable).

- Personal
- Business

Do you have assets?

- Yes
- No

If yes, select the type of assets (tick multiple if applicable).

- Personal  
*e.g. home/car*
- Business  
*e.g. premises, machinery, stock*

Would you like business advice?

- Yes
- No

## Section 5 – About your business

Industry of business

What is your business structure? (tick multiple if applicable)

- Sole trader
- Partnership
- Company (Ptd Ltd)
- Family trust
- Other

Do you have business income (including JobKeeper)?

- Yes
- No

Do you have other/personal income?

- Yes
- No

Is the business currently trading?

- Yes
- No

If no, is this due to COVID-19 restrictions?

- Yes
- No



## Section 6 – General wellbeing support

If you don't want to be referred to general wellbeing support, please skip to **Section 7**

### 6A – Immediate needs

Do you have access to food and essentials? (incl. medications)

- Yes
- No

If no, provide details:

Do you have a phone and data?

- Yes
- No

Do you feel unsafe or at risk for any reason?

- Yes
- No

If yes, provide details

Please list further information or other immediate needs.

## Section 6 – General wellbeing support *continued*

### 6B – Other current supports

Do you receive regular supports from services (other than your own)? (if known)

Yes No

If yes, please list:

Name	Organisation/Role	Contact info	Support impacted by COVID-19?	Verbal consent to contact service?

### 6C – COVID-19 screen

Are you aware of the symptoms of COVID-19?

Yes No

Are you or a member of your household displaying symptoms of COVID-19?

Yes No

Have you been formally diagnosed with COVID-19?

Yes No

Are you or a member of your household considered high risk?  
*e.g. respiratory problems, age, autoimmune problems, asthma or other co-morbidities*

Yes No

Are you currently completing voluntary or mandatory isolation?

Yes No

If yes, for how long? Where and why are you isolating?

List other info related to the impact of COVID-19 and associated restrictions that you are experiencing:

### 6D – Housing and living arrangements

Current living arrangements:

*List alerts of concerns related to living arrangements e.g. homeless, at risk of homelessness, living in overcrowded housing, experiencing or at risk of family/ domestic violence)*

### 6E – Employment status

Employment status

Current income source

Please list current employment/income issues (if any):

## Section 7 – Submission

Alternatively, you can fax the form to 03 9413 7189 or email to [partnersinwellbeing@acso.org.au](mailto:partnersinwellbeing@acso.org.au)

If you have any questions please call the Partners in Wellbeing Team on 1300 375 330