



GumbiGumbi

**ABORIGINAL AND TORRES STRAIT ISLANDERS
CORPORATION**

Intake Assessment Application

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ABN	70 235 174 399
ICN	1229

(This application is valid for 3 months)

GENERAL CONSENT FORM

Note: If, after reading this page you are at all unsure of what is written, please discuss it with our staff.

Holistic Drug and Alcohol Awareness Service

As part of providing a holistic service to promote drug and/or alcohol awareness to you, the clinical staff of Gumbi Gumbi Drug and Alcohol Awareness Centre will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of the application process and of any assessment and/or treatment that is conducted.

You do not have to give all your personal information, but if you don't, this may mean the service provided may not be as effective or in some cases may not be offered.

Purpose of collecting and holding information.

The information is gathered as part of the application process and as part of the assessment, diagnosis, and treatment of the client's condition. It is seen only by authorised persons. The information is used and retained in order to assess your suitability for our service (including your own and other's safety), to document what happened, and to enable the clinical staff to provide a relevant and informed service.

Access to Client Information

At any stage you as a client are entitled to access to your information kept on file unless relevant legislation provides otherwise. The clinical staff may discuss with you appropriate forms of access.

Confidentiality

All personal information gathered by the clinical/assessment staff during application, assessment, and/or service provision processes will remain confidential and secure except where:

1. Disclosure is required or authorised by law (e.g., court subpoena); or
2. Failure to disclose the information would place you or another person at serious and imminent risk; or
3. Your approval has been obtained.

I have read and understood the above *Consent Form*. I agree to these conditions for the holistic Drug and Alcohol Awareness service to be provided by the *Gumbi Gumbi Drug and Alcohol Awareness Centre*.

CLIENT NAME	
CLIENT SIGNATURE	
DATE	

STAFF MEMBERS NAME	
STAFF MEMBERS SIGNATURE	
DATE	

INTAKE ASSESSMENT SCREEN

DEMOGRAPHIC INFORMATION	
FIRSTNAME:	SALUTATION: MR MISS MRS MS
MIDDLE NAME:	GENDER: MALE FEMALE OTHER
LAST NAME:	DATE OF BIRTH:
PHONE:	MOBILE:
YOUR ADDRESS:	CITY:
STATE:	POSTCODE:
EMAIL:	
TYPE OF HOUSING: GOVERNMENT COMMUNITY PRIVATE HOMELESS OTHER _____	
CULTURAL BACKGROUND: - (You must circle at least one)	
ABORIGINAL	TORRES STRAIT ISLANDER
SOUTH SEA ISLANDER	OTHER:

NOTE THAT TO BE CONSIDERED FOR GUMBI GUMBI YOU MUST HAVE A CURRENT VALID MEDICARE CARD	WRITE CARD EXPIRY DATES BELOW
DO YOU HAVE A CURRENT VALID MEDICARE CARD? YES NO	___ / ___
IF ARE YOU RECEIVING A GOVERNMENT PAYMENT, DO YOU HAVE A CURRENT VALID HEALTH CARE CARD OR PENSION CARD? YES NO	___ / ___

EMERGENCY CONTACT PERSON	
NAME:	RELATIONSHIP:
PHONE:	MOBILE:
ADDRESS:	CITY:
STATE:	POSTCODE:
EMAIL:	

MARITAL STATUS				
SINGLE	MARRIED	DEFACTO	DIVORCED	()
ARE ANY CHILDREN IN YOUR CARE?		YES	NO	
IS CHILD SAFETY INVOLVED?		YES	NO	
IF CHILD SAFETY IS INVOLVED; PROVIDE DETAILS:				

CRIMINAL HISTORY		
DO YOU HAVE A CRIMINAL HISTORY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU HAVE ANY PENDING COURT CASES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
YOU MUST PROVIDE DETAILS OF ANY PENDING COURT CASES (Copies MUST be sent)		
DO YOU HAVE A CURRENT DOMESTIC VIOLENCE ORDER OR APPREHENDED VIOLENCE ORDER (DVO OR AVO)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COMMENTS ABOUT YOUR CRIMINAL HISTORY: -		

ADDICTION INFORMATION	
NOTE: ANSWER BELOW QUESTIONS BASED ON YOUR DRUG AND/OR ALCOHOL USE.	
WHICH DRUGS (INCLUDING ALCOHOL) DO YOU MOST COMMONLY USE?	
ALCOHOL <input type="checkbox"/>	AMPHETAMINES (MDMA) <input type="checkbox"/>
CANNABIS <input type="checkbox"/>	VALIUM <input type="checkbox"/>
COCAINE <input type="checkbox"/>	HEROIN <input type="checkbox"/>
METHADONE (Sobutex/Suboxne) <input type="checkbox"/>	METHAMPETAMINE <input type="checkbox"/>
OTHER:	
HAVE YOU ATTENDED REHAB PRIOR: YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES – Where and When:	

LIST ANY OTHER DRUGS OR ADDICTIONS YOU MAY HAVE:

DO YOU SUFFER FROM THE FOLLOWING?			
BLACKOUTS	<input type="checkbox"/>	SHAKES/TREMORS	<input type="checkbox"/>
FITS/SEIZURES	<input type="checkbox"/>	HALUCINATIONS	<input type="checkbox"/>

HOUSEKEEPING INFORMATION	
IF YOU ARE IN GUMBI GUMBI YOU ARE IN A DRUG AND ALCOHOL ADDICTION REHABILITATION PROGRAM.	
Therefore, if you do not attend sessions you are not in the program and you will be exited from the centre.	
HOW DID YOU FIND OUT ABOUT OUR PROGRAM?	
DO YOU HAVE A CURRENT DEPARTMENT OF HOUSING APPLICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Gumbi Gumbi is not responsible for finding accommodation for you before, during, or after the program is completed.	
ARE YOU IN ANY SIMILAR PROGRAM?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHAT IS YOUR CASE WORKER'S NAME?	
IF YES, WHAT IS YOUR CASE WORKER'S CONTACT NUMBER?	
INTAKE STREAM (REFERRAL SOURCE)	
CORRECTIONAL CENTRE	COURT
LEGAL SERVICE	AODS
OTHER GOV/NON GOV ORGANISATION	MEDICAL CENTRE
MENTAL HEALTH	
PROVIDE REFERRER DETAILS:	

MEDICAL INFORMATION			
DO YOU HAVE ANY CHRONIC MEDICAL CONDITIONS? (E.G., DIABETES, KIDNEY, LIVER DIALYSIS, STI'S)			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PROVIDE DETAILS:			
IF YES, ARE YOU CURRENTLY RECEIVING TREATMENT?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
DETAILS:			
IF YOU HAVE YOUR OWN PREFERRED DOCTOR (GP), PROVIDE NAME AND CONTACT DETAILS: -			
ARE YOU CURRENTLY ON MEDICATIONS?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, LIST BELOW WHAT YOU ARE TAKING , HOW MUCH, AND HOW OFTEN?			
CIRCLE ANY BLOOD BORNE VIRUSES YOU KNOW YOU HAVE?			
HEP C	HEP B	HIV	OTHER:
LIST ANY ALLERGIES OR REACTIONS (E.G., FOOD, MEDICATIONS, ETC)?			
HAVE YOU EVER HAD A MENTAL HEALTH ASSESSMENT?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PROVIDE THE DIAGNOSES DETAILS			
WHAT?	WHERE?	WHEN?	
WHAT?	WHERE?	WHEN?	
WHAT?	WHERE?	WHEN?	
WHAT?	WHERE?	WHEN?	
DO YOU HAVE ANY HISTORY OR THOUGHTS OF SUICIDE OR SELF-HARM IN THE LAST SIX MONTHS?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PROVIDE DETAILS			

ADMINISTRATIVE INFORMATION	
WHAT TYPE OF BENEFIT OR PAYMENT ARE YOU ON?	WHEN IS YOUR NEXT PAYDAY?
DO YOU HAVE ANY DEDUCTIONS FROM YOUR BENEFIT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES- LIST DEDUCTIONS, AMOUNTS, AND HOW OFTEN THEY ARE PAID:	
DO YOU PAY SPERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MUCH DO YOU PAY?
NAME OF YOUR EMPLOYMENT SERVICES PROVIDER:	
IF YOU ARE ON CENTRELINK PAYMENTS, YOU MUST PROVIDE A CENTRELINK INCOME STATEMENT.	

APPLICATION CHECKLIST

NOTE: All items on this form must be checked off.

PERFORM AND RETURN THE FOLLOWING TASKS	CHECKED
Read and sign the intake screen assessment consent form	
Completely fill out and sign the intake application package	
Make photocopies of all your identification documents	
Make sure you have a current valid Medicare card	
If eligible, make sure your health care card or pension card is current and valid	
Read the client rules and responsibilities and then sign your acceptance of them on the final page	
Supplied a full medical history and/or mental health assessment	
Get copies of your any current court case documents.	
If you are on Centrelink (department of human services) payments, you must provide a current income statement .	
Able to pay ongoing rent and first fortnight (includes \$25 admin fee) upfront \$525	

If, and only if, you complete and return all the requested items will your application be considered.

BY SIGNING THIS APPLICATION YOU:

- (1) Consent to Gumbi Gumbi following-up and sharing relevant information with relevant organisations and persons you have mentioned in your application with the understanding that such follow-up and sharing will be specifically related to the assessment of your application and hence your suitability for our service.
- (2) Consent that any relevant information obtained in the application and assessment process may be used in any subsequent service that may be provided to you by Gumbi Gumbi.
- (3) Agree that Gumbi Gumbi is not in any way legally liable for any issues arising from information requested by Gumbi Gumbi that you (the applicant) either did not disclose or did not fully disclosed.

CLIENT NAME:	
CLIENT SIGNATURE:	DATE: