ASSESSMENT FORM FOR ACCEPTANCE TO LILY HOUSE

# Referring Agency:

**Contact Person:**

**Phone: Email:**

# APPLICANTS DETAILS: Date of Intake: / /

|  |
| --- |
| Name: DOB: / /  Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Children’s Names:  Name of any child to be residing at Lily House\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DOB: / /  Gender:  Your Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Boarding  Sharing  Private Rent  Living with family  Crisis Accommodation  Culture: Do you identify as:  Aboriginal  Torres Strait Islander  Both Other:  Do you receive a payment from Centrelink?  Yes  No  If YES - which payment, do you receive? If NO - do you have a regular source of income?  Yes  No |

|  |
| --- |
| Next of Kin:  Relationship to You: Address:  Phone:  Emergency Contact: Address:  Phone: |

**Completing this Form:**

This form is to be completed by the applicant. It is important that you answer all the questions in the form so that the staff at Lily House can understand your circumstances fully during the intake assessment process.

If you do not understand one of the questions or sections, please ask the interviewing staff member who will explain it to you.

The notes below should help you with the questions that previous clients have found hard to understand.

The section on Page 5 - Family and Developmental History - refers to issues or illnesses that may have been experienced by your family as you were growing up. It also refers to your current or ex-partner.

The section on page 7 - Substance Use History - asks if you have ever used a substance, have used a substance in the last 6 months or are currently using. If you have used a substance in the past and are not currently using, please tick ‘Ever Used’ and indicate how long ago.

The section on page 8 - Medical Information - it is particularly important that you give accurate information about the prescribed medication you are currently taking. Lily House staff will refer to this form if there is a problem with your health and wellbeing whilst you are living at Lily House.

|  |  |
| --- | --- |
| **ENTRY FEE:** | Two weeks rent in advance as per below + $100 Bond. Bond is refundable. |
| **RENT:** | $275 per week per adult  + $35 per week for each child over 6-24 months of age.  + $49 per week for each child 2-3 years  + $70 per week for each child 4 years and older  + $10 per week cleaning fee  Weekly rent is payable via centrepay and will be organised on entry |
| **LENGTH OF STAY** | The maximum stay at Lily House is generally six months. |

# Presenting problems and concerns:

|  |  |
| --- | --- |
| Please describe your current problem or situation: |  |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
| Please tick all of the behaviours and symptoms that you consider problematic:  Distractibility  Change in appetite  Suspicion/paranoia  Hyperactivity  Lack of motivation  Racing thoughts  Impulsivity  Withdrawal from people  Excessive energy  Boredom  Anxiety/worry  Wide mood swings  Poor memory/confusion  Panic attacks  Sleep problems  Seasonal mood changes  Fear away from home  Nightmares Sadness/depression  Social discomfort  Eating problems  Loss of pleasure/interest  Obsessive thoughts  Gambling problems  Hopelessness  Compulsive behaviour  Computer addiction  Thoughts of death  Aggression/fights  Problems with pornography  Self-harm behaviours  Frequent arguments  Parenting problems  Crying spells  Irritability/anger  Sexual problems  Loneliness  Homicidal thoughts  Relationship problems  Low self-worth  Flashbacks  Work/school problems  Guilt/shame  Hearing voices  Alcohol/drug use  Visual hallucinations  Recurring, disturbing memories  Fatigue  Other: | |

**Impacts on your current wellbeing:**

|  |  |
| --- | --- |
| Are your problems affecting any of the following?  Handling everyday tasks  Self-esteem  Relationships  Hygiene  Work/School  Housing  Legal matters  Finances Recreational activities  Sexual activity  Health  Have you ever had thoughts, made statements, or attempted to hurt yourself?  Yes  No  If yes, please describe: | |
|  | |
| Have you ever had thoughts, made statements, or attempted to hurt someone else?  Yes  No If yes, please describe: | |
|  | |
| Have you recently been physically hurt or threatened by someone else?  Yes  No  If yes, please describe: | |
|  | |
| Have you gambled in the past 6 months?  Yes  No If yes, let us know the following: Have you ever felt the need to bet more and more money?  Yes  No  Have you ever had to lie to people important to you about how much you gambled?  No Yes  What are your triggers for negative behaviour? | |
|  |  |
|  |

**Family and developmental history:**

|  |  |
| --- | --- |
| Are you in a relationship?  Yes  No If yes:  Married  De-facto  Not living together  Name of partner: Length of relationship: Quality of relationship (please describe): | |
| **Family Mental Health Issues:** (please tick all that apply. |  |
| Hyperactivity:  Mother  Father  Sibling  Spouse | Child |
| Sexually Abused  Mother  Father  Sibling Spouse | Child |
| Depression  Mother  Father  Sibling  Spouse | Child |
| Manic Depression  Mother  Father  Sibling Spouse | Child |
| Suicide  Mother  Father  Sibling  Spouse | Child |
| Anxiety  Mother  Father  Sibling  Spouse | Child |
| Panic Attacks  Mother  Father  Sibling  Spouse | Child |
| Obsessive-Compulsive  Mother  Father  Sibling  Spouse | Child |
| Anger/Abusive  Mother  Father  Sibling  Spouse | Child |
| Schizophrenia  Mother  Father  Sibling  Spouse | Child |
| Eating Disorder  Mother  Father  Sibling  Spouse | Child |
| Alcohol Abuse  Mother  Father  Sibling  Spouse | Child |
| Drug Abuse  Mother  Father  Sibling  Spouse | Child |
| Please tick if you have experienced any of the following types of trauma or loss: |  |
|  |
| Emotional abuse  Neglect  Lived in a foster |  |
| sexual abuse Violence in the home Multiple family moves |  |
| Physical abuse Crime victim Homelessness |  |
| Loss of a loved one  Parent substance abuse  Parent illness  Teen pregnancy  Placed a child for adoption  Financial problems | |

M**ental health treatment:**

|  |  |
| --- | --- |
| Do you have a current mental health diagnosis  Yes  No  If yes what is the diagnosis What treatment are you receiving for this condition: |  |
| Have you had a previous mental health diagnosis?  **Yes**  **No**  Type of Treatment:  Outpatient Counselling  Medication  Psychiatric Hospitalization  Drug & Alcohol treatment  Self Help / Support Group  Other:  When did you receive this treatment? Provider/Program: Reason for Treatment:  Will a risk assessment be provided by mental health team? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Substance use history:**

|  |  |  |  |
| --- | --- | --- | --- |
| For each substance,  **Substance**  Tobacco | please indicate your history of use:  **Ever Used In last 6 months** | **Current** | **Frequency** |
| Caffeine    Alcohol    Marijuana    Cocaine/crack    Ecstasy    Heroin    Inhalants    Methamphetamines    Pain Killers    PCP/LSD   Steroids    Tranquilizers | | |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Have you had withdrawal symptoms when trying to stop using any substances?  Yes  No  If yes, please describe: | | | |
|  | | | |
| Have you ever had problems with work, relationships, health, the law, etc. due to your substance use?  Yes  No  If yes, please describe: | | | |
|  | | | |

**Medical information:**

|  |
| --- |
| Medicare Number: Doctor’s Name: Doctor’s Address: Phone:  Date of last physical exam: / /  Have you experienced any of the following medical conditions during your lifetime?  Allergies  Asthma  Headaches  Stomach aches  Chronic pain  Surgery  Serious accident  Head injury  Dizziness/fainting  Meningitis  Seizures  Vision problems  High fevers  Diabetes  Hearing problems  Miscarriage  Sexually transmitted disease  Abortion  Sleep disorder  Other: Please list any CURRENT physical health concerns: |
|  |
|  |
| Current prescription medications:  Name: Dose per day Period on med Name: Dose per day Period on med Name: Dose per day Period on med Name: Dose per day Period on med  Current over-the-counter medications (including vitamins, herbal remedies, etc.): |
|  |
|  |
|  |

|  |
| --- |
| Do you have any allergies and/or adverse reactions to medications?  Yes No  If yes, please list: |
|  |
| Does any child who would reside at Lily House have any diagnosed medical conditions?  Yes No  If yes, please list: |
|  |
| Are you pregnant?  Yes  No  If Yes how many weeks pregnant? Are you receiving ante-natal care?  Yes  No  If Yes who is your ante natal care provider? Have you had problems with pregnancy or other births?  Yes  No  If yes, please give details: |
|  |
|  |

**Interpersonal/social/cultural information:**

|  |
| --- |
| Please describe your social support network (check all that apply):  Family  Neighbours  Friends  Students  Co-workers ere Are your support people living locally?  Support / Self-Help Group (which one? )  Community Group / Religious / Spiritual Centre (which one? ) Do you belong to / identify with a particular cultural or ethnic group?  Yes  No  If yes, please indicate your culture / ethnicity: How important are cultural issues to you?  Not at all  A little  Somewhat  Very  If you are experiencing any difficulties due to cultural or ethnic issues, please describe: |
|  |
|  |
| This is a Christian based program; do you have any concerns with this?  Yes  No  If yes, what are your concerns?  How important are spiritual matters to you?  Not at all  A little  Somewhat  Very  Would you be interested in attending church service on Sundays?  Yes  No  Please describe your strengths, skills, and talents? |
|  |
|  |
|  |
|  |
|  |
| Describe any special areas of interest or hobbies (art, books, physical fitness, etc.): |
|  |
|  |
|  |
|  |
|  |

**Employment / Education:**

|  |  |
| --- | --- |
| Are you currently employed?  Yes  No (if yes, please provide further details below) Employer: Position: Length of time in this job:  Job Duties: | |
|  | |
|  | |
| Stress level of this job:  Low  Medium  High Other jobs you have held: | |
|  | |
|  | |
|  | |
| Are you currently undertaking any studies?  Yes  No  If yes, what are you studying and where? | |
| If no, would you like to undertake study and if so what would you be interested in? |  |
| What is the highest level of education you have completed?  No schooling  Primary school  Year 12  Year 10  Other year level at high school ………..  Undergraduate degree  Graduate studies | |

**Legal:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been convicted of a crime? Yes No  Please explain: | | | | |
| Do you have outstanding court matters?  Yes  No  If yes, what charges are outstanding and what is the date of your next court appearance? | | | |  |
|  | | | |
| Have you ever spent time in prison?  Yes  No  If yes are you currently on parole?  Yes  If yes, what are your reporting arrangements? |  |  |  | |
| Have you had any involvement with child protection authorities?  Yes  No If yes, please explain: | | | | |
| Are there any current or ongoing issues? | Yes | No If yes, please explain: | | |
|  | | | |  |
| If you are accepted into Lily House, we will require copies of current court orders or other legal documents that may have an impact on you or your child whilst you are here. This could include custody documents.  Do you have any current debt?  Yes  No  If so who is the debt owed to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you been listed with Tica or other rental default database?  Yes  No | | | |

**Confidentiality:**

Confidentiality is an essential part of your relationship with your worker. All aspects of your participation in services at Lily House, including the scheduling of appointments, content of discussions, and any records that we keep, are confidential as outlined under the commonwealth Privacy Act 1988 and by state laws.

Communication between a worker and a client may only be disclosed when the client signs a Consent Form and/or our release of information form authorizing such disclosure. There are exceptions to this however.

Below are some of the cases in which the law dictates that your signed authorization may not be required for Lily House to release information:

* If a Lily House staff member or volunteer believes that you are likely to harm yourself and/or another person, he or she may take action necessary to protect you or others by contacting law enforcement officers or a physician.
* If a Lily House staff member or volunteer has cause to believe that a child has been or may be abused or neglected, the person is required to make a report to the appropriate state agency.
* If a Lily House staff member or volunteer has cause to believe that an elderly or disabled person has been or may be abused, neglected, or subject to financial exploitation, the person is required to make a report to the appropriate state agency.
* If your records are requested by a valid subpoena or court order, we must respond.
* If you are a minor (under the age of 18) we may be obliged to inform a parent or guardian.

My worker has explained to me my rights and responsibilities as a client of Lily House. (please tick)  Yes  No

Do you consent to have necessary information disclosed and obtained between your referring agency and Lily House?

(please tick)  Yes  No

The information contained in this document is accurate and I understand the confidentiality agreement above as well as the exceptions to this.

Name:……………………………………………… Worker:…………………………………………………..

Signature: ………………………………………….. ……………………………………………………

Date:…………./……………../…………… …………../……………../………………