FAMILY AND RELATIONSHIP SERVICES (FaRS) & SPECIALISED FAMILY VIOLENCE SERVICE (SFVS) – Self Referral / Intake Form

LUTHERAN CARE

CLIENT DETAILS

Given Name/s:	**Family Name:**	
Gender: ◯ Male ◉ Female ◯ Rather Not Say ◯ Other (please specify):		
Date of Birth (DOB):	**Is this DOB estimated?** ◯ Yes ◯ No	
Contact Number:	**Email:**	
If an interpreter is required, what language?		
Is there a specific time during the day that is better to contact you?		
Address:	**State:**	**Postcode:**
Emergency Contact Name:	**Relationship to Client:**	
Phone:		

PARENT/GUARDIAN DETAILS (IF CLIENT IS UNDER 18)

Given Name/s:	**Family Name:**	
If an interpreter is required, what language?		
Contact Number:	**Email:**	
Address:	**State:**	**Postcode:**
Are there any Family Court orders or Intervention Orders relating to the client? Please specify. **If yes, copies of the orders must be presented for counselling to commence.*		

CULTURAL IDENTITY / CITIZENSHIP STATUS

Country of Birth:	**Language Spoken at Home:**	
Ancestry / Ethnicity:		
Do you identify as Aboriginal or Torres Strait Islander? ◯ Yes ◯ No ◯ Rather Not Say		
If Yes: ◯ Aboriginal ◯ Torres Strait Islander ◯ Both Aboriginal and Torres Strait Islander		
Residency Status:		
◯ Australian Citizen	◯ Permanent Resident	◯ International Student
◯ Skilled Migrant	◯ Other (please specify visa type):	
Day, month & year of arrival in Australia if born overseas:		
Do you identify as having a disability?	◯ Yes ◯ No ◉ Rather Not Say	
If Yes:		
☐ Intellectual Disability	☐ Physical Disability	☐ Mental Health / Psychosocial
☐ Global Developmental Delay	☐ Sensory Disability	☐ Other:

HOUSEHOLD COMPOSITION

◯ Single person living alone	◯ Couple	◯ Sole parent with dependent/s
◯ Couple with dependent/s	◯ Group (related adults)	◯ Group (unrelated adults)
◉ Experiencing homelessness		

EMPLOYMENT / EDUCATION

Employment Status:		
◯ Paid Work – Full Time	◯ Paid Work – Part Time	◯ Unpaid Work (includes volunteering)
◯ Studying – Full Time	◯ Studying – Part Time	◯ Parenting
◉ Unemployed – Looking for work	◯ Unemployed – Not looking for work	
Highest Level of Education Completed:		
◯ Pre-Primary	◯ Primary	◯ Secondary
◯ Certificate	◯ Diploma / Advanced Diploma	◯ Bachelor Degree
◯ Graduate Diploma / Certificate	◉ Post Graduate Degree	◯ Other:
Main Source of Income:		
◯ Employee Salary / Wages	◯ Self Employed	◯ Government Payments / Pension
◯ Nil Income	◯ Other Income (Superannuation / Investments)	
Approximate Income: $	◯ Weekly ◯ Fortnightly ◯ Monthly ◯ Annually	
Are you a Carer?	◯ Yes ◯ No	

REASON/S FOR SEEKING ASSISTANCE

☐ Mental Health, Wellbeing & Self Care	☐ Personal & Family Safety	☐ Family Functioning / Relationships
☐ Child / Parenting Issues	☐ Community Participation	☐ Material Wellbeing
☐ Other (please specify):		
What are your goals for Counselling? What would you like to achieve?		
Do you have any other mental health / physical health issues that we should be aware of?		

HOW DID YOU HEAR ABOUT US?

☐ Internet Search / Website	☐ Community Services Agency	☐ Educational Agency
☐ Doctor / Health Service	☐ Other Lutheran Care Program	☐ Legal Agency
☐ Employment / Job Agency	☐ Centrelink / DHS	☐ Family Member / Friend
☐ Social Media	☐ Other (please specify):	

OFFICE USE ONLY

Referral received date:		**Received by:**	

Please return completed forms to:
Email: fars@lutherancare.org.au
Office: Lutheran Care - Blair Athol, 309 Prospect Road, Blair Athol SA 5084
For further assistance please call: (08) 8269 9300