



# CONTAINER OF DREAMS

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## Domestic and Family Violence Services

### Client Intake form

Below are some demographic questions. This information will help us better understand you and your needs and how we can best help you address them.

All the information you provide will be strictly confidential.

1. What is your full name?

\_\_\_\_\_

I do not wish to disclose my real name.

2. What is your date of birth  
(DD/MM/YYYY)?

\_\_\_\_\_

I do not know my actual date of birth.  
This is an estimate.

3. What is your gender?

|                          |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Male              |
| <input type="checkbox"/> | Female            |
| <input type="checkbox"/> | Other:            |
| <input type="checkbox"/> | Prefer not to say |

4. What is your address? If you do not want to disclose your full address, please provide us with just your suburb, state and postcode.

|                 |  |
|-----------------|--|
| Address line 1: |  |
| Address line 2: |  |
| Suburb:         |  |
| State:          |  |
| Postcode:       |  |

**5. What country were you born in?**

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**6. What is the main language you speak at home?** If you speak more than one language at home, please write the language that is spoken most often.

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**7. Do you identify as Aboriginal or Torres Strait Islander?**

|                          |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | No                                    |
| <input type="checkbox"/> | Aboriginal                            |
| <input type="checkbox"/> | Torres Strait Islander                |
| <input type="checkbox"/> | Aboriginal and Torres Strait Islander |

**8. Do you have any of the following impairments, conditions or disabilities?**

Please select all that apply. Medical documentation is not required. For information about each category speak to your practitioner or service provider.

|                          |                       |
|--------------------------|-----------------------|
| <input type="checkbox"/> | Intellectual learning |
| <input type="checkbox"/> | Psychiatric           |
| <input type="checkbox"/> | Sensory/speech        |
| <input type="checkbox"/> | Physical/diverse      |
| <input type="checkbox"/> | None                  |

**9. Are you homeless or at risk of being homeless?**

|                          |         |
|--------------------------|---------|
| <input type="checkbox"/> | Yes     |
| <input type="checkbox"/> | No      |
| <input type="checkbox"/> | At risk |

**10. How would you describe the makeup of your household?**

|                          |                               |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | Single (person living alone)  |
| <input type="checkbox"/> | Sole parent with dependent(s) |
| <input type="checkbox"/> | Couple                        |
| <input type="checkbox"/> | Couple with dependent(s)      |
| <input type="checkbox"/> | Group of related adults       |
| <input type="checkbox"/> | Group of unrelated adults     |
| <input type="checkbox"/> | Homeless/no household         |

**11. Where you referred to us by another organisation, service or program?** If so, please provide the name below. If you were referred to us by a friend or family member please state this below.

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**12. From the list below, please choose the main reason you are seeking help and any secondary reasons for seeking assistance.** Please select the reasons that best describe your issue(s). Speak to your service provider if you're not sure.

|  |  |
|--|--|
| <p style="text-align: center;">Main reason for seeking help:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> | <p style="text-align: center;">Other reason(s) for seeking help:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> |
|--|--|

**List of possible reasons for seeking help:**

Physical health

Mental health, wellbeing and self-care

Personal and family safety

Age-appropriate development (e.g. need support with child's development)

Community participation and networks (e.g. socially isolated, need community/family support, want to engage with community more)

Family functioning (e.g. family conflict, lack of support and positive family relationships)

Financial resilience (e.g. difficulty finding money for emergencies, struggle to make ends meet).

Employment

Education and skills training

Material wellbeing and basic necessities (e.g. limited access to basic material resources like food, clothes, transport)

Housing

## DSS Standard Notification on Privacy

The information you provide on this form includes your personal information. Your personal information is protected by law, including by the Commonwealth Privacy Act.

We are using an IT system called the 'Data Exchange' to store your information. This system is hosted by the Australian Government Department of Social Services (DSS). The personal information that is stored on the Data Exchange is only disclosed to us for the purpose of managing your case.

You do not have to consent to sharing your personal information with DSS. If you do not consent to us sharing your personal information, it will not affect the services you receive. If you do consent to sharing your personal information with DSS, you can ask for this information to be removed at any time.

DSS de-identifies your data. This means they remove information that identifies you or that could be used to re-identify you (e.g. your name).

DSS combine your data with other clients' data in the Data Exchange to identify trends at the program level. This information is used to develop policy, administer grants programs, and conduct research and evaluations. DSS may use this data to produce reports. These reports may be shared with other organisations. The data in these reports is de-identified.

You can find more information about how DSS will manage your personal information in the DSS privacy policy on their website: <https://www.dss.gov.au/privacy-policy>.

This policy explains:

- how to access the personal information that is stored about you on the Data Exchange
- how you can ask for this information to be changed or removed.
- the circumstances in which DSS may disclose personal information to overseas recipients.
- how to complain about a breach of the Australian Privacy Principles by DSS, and how DSS will deal with your complaint.

For more information about the Data Exchange, please speak to your practitioner or service provider.

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| I consent for my personal information to be stored in the Data Exchange | <input type="checkbox"/> | <input type="checkbox"/> |
| I consent to participate in follow up research, surveys or evaluation   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Container of Dreams request to provide information consent</b>       | <input type="checkbox"/> | <input type="checkbox"/> |

**For service provider to complete**

**1. Was a referral made to another service?**

|                          |   |     |
|--------------------------|---|-----|
| <input type="checkbox"/> | 1 | Yes |
| <input type="checkbox"/> | 2 | No  |

**2. If yes, was this referral internal or external?**

|                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | 1 | Internal – made to another service offered within the same organisation |
| <input type="checkbox"/> | 2 | External – made to a service provided by a different organisation       |

**3. If yes, what was the purpose of this referral?**

|                          |    |  |
|--------------------------|----|--|
| <input type="checkbox"/> | 1  | Physical health                          |
| <input type="checkbox"/> | 2  | Mental health, wellbeing and self-care   |
| <input type="checkbox"/> | 3  | Personal and family safety               |
| <input type="checkbox"/> | 4  | Age-appropriate development              |
| <input type="checkbox"/> | 5  | Community participation and networks     |
| <input type="checkbox"/> | 6  | Family functioning                       |
| <input type="checkbox"/> | 7  | Financial resilience                     |
| <input type="checkbox"/> | 8  | Employment                               |
| <input type="checkbox"/> | 9  | Education and skills training            |
| <input type="checkbox"/> | 10 | Material wellbeing and basic necessities |
| <input type="checkbox"/> | 11 | Housing                                  |
| <input type="checkbox"/> | 12 | Support to caring role                   |
| <input type="checkbox"/> | 13 | Other                                    |