64716 F&C Group Work Participant Intake Proforma

Name of person conducting intake:			
Signature of person conducting intake:			
Date of call:	Click or tap to enter a date.	**Time of call:**	
Discussion Notes:			

MAAP Survey Questions: **Please rate the following four questions between 1-5, with 1 being strongly disagree, 3 being mixed feelings and 5 being strongly agree:**	
I have confidence as a parent:	Select
I know I am doing a good job as a parent:	Select
I have the skills necessary to be a good parent to my child:	Select
I can stay focused on the things I need to do as a parent even when I have had an upsetting experience:	Select

Primary Client Details and CSnet Mandatory Data			
Full Name:		**Client confirmed they can attend sessions:**	Select
Are you court mandated to attend this group? Max 2 per group	Select	*Advise that if all sessions are not attended by the participant, they will not be issued with a certificate of completion.*	Confirmation of understanding ☐
Gender:	Select OR ☐ CSnet is accurate	**DOB:**	Click or tap to enter a date. OR ☐ CSnet is accurate
Contact Number (must be added to "mobile number" field in CSnet):	OR ☐ CSnet is accurate	**Email Address:**	OR ☐ CSnet is accurate
Full Address:	OR ☐ CSnet is accurate	**Mailing address (when physical resources need to be sent):**	Mailing address is same ☐ OR
In Which Country Was the Client Born:	OR ☐ CSnet is accurate	**First Nations Status:**	Select OR ☐ CSnet is accurate

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Eligible for NDIS:	Select OR ☐ CSnet is accurate	**Role in Family:**	Select
Main Language Spoken at Home:	OR ☐ CSnet is accurate	**How Well Does the Client Speak English:**	Select
Interpreter:	Select	**Housing Type:** **(if selecting 'Other' please specify)**	Select
Housing Tenure:	Select	**Type of Household:**	Select
Do you, or any family members that you live with, hold a Health Care Card?	Select OR ☐ CSnet is accurate	**Source of Income:**	Select

Child/Young Person under 18 details and CSnet Mandatory Data
Include the child most relevant to case objective – details must be recorded for at least one child.

Full Name:		**Gender:**	Select OR ☐ CSnet is accurate
DOB:	Click or tap to enter a date. OR ☐ CSnet is accurate	**Full Address:**	OR ☐ CSnet is accurate OR ☐ copy from primary client
First Nations Status:	Select OR ☐ CSnet is accurate	**Eligible for NDIS:**	Select OR ☐ CSnet is accurate
Role in Family:	Select	**Relationship to this Primary Client:** **(if selecting 'Other' please specify)**	Select OR ☐ CSnet is accurate
Resides with Primary Client:	Select OR ☐ CSnet is accurate	**MCHN Involvement:** **(if child aged 0-4 years old)**	Select
Child's Daycare/ Education/ Employment:	Select	**Number of Days Child Enrolled/Engaged in Activity:**	
Attending antenatal appointments regularly: **(if child is unborn)**	Select	**Child/Young Person is attending the group:**	Select

Additional Child/Young Person under 18 details and CSnet Mandatory Data
Include the child most relevant to case objective – details must be recorded for at least one child.

Full Name:		**Gender:**	Select OR ☐ CSnet is accurate
DOB:	Click or tap to enter a date. OR	**Full Address:**	OR ☐ CSnet is accurate

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	☐ CSnet is accurate		
First Nations Status:	Select OR ☐ CSnet is accurate	**Eligible for NDIS:**	Select OR ☐ CSnet is accurate
Role in Family:	Select	**Relationship to Primary Client: (if selecting 'Other' please specify)**	Select OR ☐ CSnet is accurate
Resides with Primary Client:	Select OR ☐ CSnet is accurate	**MCHN Involvement: (if child aged 0-4 years old)**	Select
Child's Daycare/ Education/ Employment:	Select	**Number of Days Child Enrolled/Engaged in Activity:**	
Attending antenatal appointments regularly: (if child is unborn)	Select	**Child/Young Person is attending the group:**	Select