

## Interagency Assessment and Referral Form

Australian Red Cross, Asylum Seeker Project (Hotham Mission), Asylum Seeker Resource Centre,  
Refugee & Immigration Legal Centre, Victoria Foundation for Survivors of Torture, DIAC Case Management  
Completed only when client has given verbal consent for exchange of their information

### Referral Details

<b>Referral made to:</b>		<b>Referral date:</b>	
<b>Referring worker name:</b>		<b>Referring Agency:</b>	
<b>Referrer days:</b>		<b>Phone:</b>	
<b>Email:</b>			
<b>Reason for referral:</b>			

### Client Details

<b>First Name:</b>			
<b>Surname:</b>			
<b>Date of Birth:</b>		<b>Gender:</b>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<b>Address:</b>			
<b>Phone number(s):</b>			
<b>Country of origin:</b>			
<b>Interpreter:</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	<b>If yes, which language?</b>	
<b>Level of English</b>	<b>1</b> <input type="checkbox"/> Very little or no English <b>2</b> <input type="checkbox"/> Beginning to speak in sentences, can talk about familiar and simple topics. <b>3</b> <input type="checkbox"/> Can function in familiar and most everyday situations. Grammatical and vocabulary errors still frequent <b>4</b> <input type="checkbox"/> Occasional communication breakdown on complex topics. <b>5</b> <input type="checkbox"/> Can handle most topics with ease, including specialized, professional or academic language effectively		
<b>Ethnicity:</b>		<b>Religion:</b>	

### Legal

<b>Date of arrival:</b>		<b>Visa on arrival:</b>		<b>Expiry:</b>	
<b>Date PV lodged:</b>		<b>Bridging Visa:</b>		<b>Expiry:</b>	
<b>DIAC ID:</b>		<b>Lawyer:</b>		<b>Ph:</b>	
<b>Current work rights:</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>Date Effective:</b>		
<b>PV Stage:</b>	<b>Primary</b> <input type="checkbox"/>	<b>RRT</b> <input type="checkbox"/>	<b>Minister</b> <input type="checkbox"/>	<b>Fed Ct</b> <input type="checkbox"/>	<b>Other</b> <input type="checkbox"/>
<b>Notes:</b>					

## Family Composition

Summary if no specific details:				
Tracing: Not required <input type="checkbox"/> Referred <input type="checkbox"/> Declined <input type="checkbox"/> To discuss at later stage <input type="checkbox"/>				
Name: (Please add extra sheet if needed)	DOB	R/Ship	Included on PV appl'n	Current location

## Red Cross Income

Referred <input type="checkbox"/> Ineligible <input type="checkbox"/> Pending <input type="checkbox"/> Approved <input type="checkbox"/>
ASAS <input type="checkbox"/> CAS <input type="checkbox"/> CAS TRANS <input type="checkbox"/> CD <input type="checkbox"/>

## Health

Has Medicare card <input type="checkbox"/>	Date can apply :	Medicare Ineligible <input type="checkbox"/>
Covered under ASAS <input type="checkbox"/>	Covered under CAS <input type="checkbox"/>	Covered under CD <input type="checkbox"/>
GP support letter for ASAS application requested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Physical health concerns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:		
Professionals Involved:		
Mental health concerns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:		
Professionals involved:		
Specific Indication of Torture and Trauma:		

## Housing / Welfare

Eviction/Homelessness Date:	
Current housing situation:	

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**Indications of particular vulnerabilities. Eg domestic violence, social isolation etc**


**Other Agency Involvement not previously mentioned**


**Issues already addressed by referring worker**


**In depth Information**

**Financial**

Is client working/studying?	
Name of employer/type of work?	-
Hours per week?	-
Income per week after tax?	
Car?	
Other assets?	
Savings?	

**Possible supports**

Details of family in Australia (not included in PV application?)	None
Details of supportive networks?	

<b>Details of other agencies/charities involved who could help financially?</b>	