


Form 3: Add service

This form is used to collate details for services needed and provided/referred either ad hoc or as a part of a case plan, prior to entering into H2H.

 Fields marked with * are mandatory

Circles indicate that only one response is required

Squares indicate that more than one response can be marked

1 Service request

Date of service request*

Service type* Ad hoc service Provided as a part of client's case plan

2 Lead agency details

Agency name*

AIHW number

Case manage/ worker name

3 Existing Client details

H2H client number (if known)

OR if H2H client number is not known, please complete as many of the following details as possible

Surname First name


Other names Alias / nickname

DOB* Client H2H Status Draft Active
dd mm yyyy* (if known) New Waitlisted

Gender* Male Female Casual Inactive
 Assessed

Notes:

H2H processing – to be completed by agency staff member entering record into H2H

Client record found in H2H  If client record is not in H2H please use Add client & intake from to add the client to H2H.


Assessment added to H2H Processed by

Assigned H2H client number* Date Processed

4 Where the client is currently residing

Residence/dwelling type* (select one option only)

- House/ townhouse / flat
- Caravan
- Tent
- Cabin
- Boat
- Improved building / dwelling
- Disability support
- Other
- Motor vehicle
- Boarding / rooming house †
- Emergency accommodation †
- Hotel/ motel/ bed and breakfast
- Hospital (excluding psychiatric) †
- No dwelling / street / park / in open †
- Psychiatric hospital / unit †
- Rehabilitation †
- Adult correctional facility †
- Youth / juvenile justice corrections †
- Boarding school / residential college †
- Aged care facility †
- Immigration detention centre †

 A housing type marked with '†' indicated the name of the facility must be specified below.

Name of facility*

Unit / Street number

Street name and type

Suburb* Postcode*

State* Country*

Est. date moved in Est. date moved out

5 If the service was provided as a part of a client's case plan, complete the following details

Life domain (e.g. financial)

Strength / Issue (e.g. debt)

Goal (e.g. financial stability)


6 Service/s description

Type of service response required * Crisis Casual

Service/s description*
If more than one service was provided at the time of intake please write a short description for each service

Service start date* Service end date*

7 Service/s needed and provided / referred

 Please select wither 'provided' or 'referred' for each need you identity in the list below.

If services are to be referred in H2H, please provide details in section 8.

Housing /accommodation

Needed	Provided/ referred		Date of accommodation *	
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Short term or emergency accommodation	From	To
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Medium term/transitional housing	From	To
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Long-term housing	From	To
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assistance to sustain tenancy / prevent tenancy failure or eviction		
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assistance to prevent foreclosure or for mortgage arrears		

Material aid/ brokerage

Needed	Provided/ referred		Value of brokerage *
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Payment from short term / emergency accommodation	\$ <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Payment for establishing / maintaining a tenancy	\$ <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Payment for training / education / employment	\$ <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Payment for accessing external specialist services	\$ <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Other payment	\$ <input type="text"/>

General assistance and support

Needed	Provided/ referred	
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assertive outreach
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assistance to obtain/maintain government allowance
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Employment assistance
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Training assistance
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Educational assistance
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Financial information
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assistance for incest / sexual assault
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assistance for domestic / family violence
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Family/ relationship assistance
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assistance for trauma
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assistance with challenging social/ behavioural problems
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Manage behavioural issues
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Living skills/ personal development
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Legal information

General assistance and support , continued

Needed	Provided/ referred	
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Court support
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Advice/ information
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Retrieval / storage / removal of personal belongings
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Advocacy/ liaison on behalf of client
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	School liaison
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Child care
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Structured play / skills development
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Child contact and residence arrangements
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Meals
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Laundry / shower facilities
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Recreation
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Transport
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Other basic assistance

Specialised services

Needed	Provided/ referred	
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Child protection services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Parenting skills education
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Child specific specialist counselling services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Psychological services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Psychiatric services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Mental health services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Pregnancy assistance
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Family planning assistance
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Physical disability services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Intellectual disability services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Health / medical services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Professional legal services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Financial advice and counselling
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Counselling for problem gambling
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Drug/ alcohol counselling

Specialised services , continued

Needed	Provided/ referred	
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Specialist counselling services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Interpreter services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assistance with immigration services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Culturally specific services
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Assistance to connect culturally
<input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>	Other specialised services

8 Referrals, if provided* (complete service referrals in H2H)

Service to refer*	
Provider*	
Contact name*	
Contact number*	
Email*	
Reason for referral*	
Consent for information sharing*	Granted? <input type="radio"/> Yes <input type="radio"/> No Date: / /

Service to refer*	
Provider*	
Contact name*	
Contact number*	
Email*	
Reason for referral*	
Consent for information sharing*	Granted? <input type="radio"/> Yes <input type="radio"/> No Date: / /

Have any of the client's details changed?*

This includes personal details, contact details, income details and presenting unit details

- Yes – complete an 'Edit client' form and update these details in H2H
- No