

Form 4: Assessment



SA Housing Authority



This form is used to **complete an assessment** on a client prior 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 Lead agency details

Agency name*

Case manager/worker name

2 Existing client details

H2H client number *(if known)*

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

Surname

First name

Other names

Alias / nickname

Gender*

Male

Female

DOB*

dd

mm

yyyy*

3 Assessment Started

Date of assessment*

dd / mm / yyyy

Notes

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

Client record found in H2H



If this is a new client you will need to use the 'Add client and intake' form.

Assessment added to H2H

Processed by

Assigned H2H

client number*

Date Processed

Assessment: strengths and issues

4 Behaviour

N/A

Risk rating*

Low

Medium

High

Strengths

Identified strengths

Support networks

Issues (e.g. physically or verbally abusive, ADHD, anger/aggression, ASD, disruptive, mood disorder, social skill, truancy)

Issue(s)	Detail

5 Cultural

N/A

Risk rating*

Low

Medium

High

Strengths

Identified strengths

Support networks

Issues (e.g. discrimination including racial discrimination, indigenous specific, isolation, lack of family and/or community support, migrant, refugee, spiritual needs)

Issue(s)	Detail

6 Employment / education / training N/A **Risk rating*** Low Medium High

Strengths

Identified strengths

Support networks

Issues (e.g. disengagement with school or other education and training, employment difficulties, unemployment)

Issue(s)	Detail

7 Financial N/A **Risk rating*** Low Medium High

Strengths

Identified strengths

Support networks

Issues (e.g. bankruptcy, budgeting problems, debt, financial difficulties, fines, problematic gambling, tax)

Issue(s)	Detail

8 Health and wellbeing N/A **Risk rating*** Low Medium High

Strengths

Identified strengths

Support networks

Issues

Mental health issues?* Yes No *If the client has mental health issues please complete the following questions.*

Has the client ever been diagnosed with a mental health condition by a health professional?* Yes No Don't know N/A

Has the client ever received services or assistance for their mental health condition?* Yes No Don't know N/A

Was there any additional information, informal or formal, that indicates the client has a mental health issue?* Yes No Don't know N/A

Mental health issues detail

Other health and wellbeing issues (e.g. Aged/frail, allergies, child immunisation details, intellectual disabilities, medial issues, medication, physical disabilities, problematic alcohol use, problematic drug/substance use, recent hospitalisation, smoker)

Issue(s)	Detail

9 Housing / accommodation

N/A

Risk rating*

Low

Medium

High

Strengths

Identified strengths

Support networks

Issues (e.g. housing affordability stress, housing crisis, inadequate or inappropriate dwelling conditions, itinerant, previous accommodation ended, transition from custodial arrangements, transition from foster care / child safety residential placement, transition from other care arrangements, unable to return home due to environmental reasons, youth specific)

Issue(s)	Detail

10 Interpersonal relationships

N/A

Risk rating*

Low

Medium

High

Strengths

Identified strengths

Support networks

Issues (e.g. emotional abuse by an unrelated person, loss / grief, non-family violence, parenting, physical abuse by an unrelated person, relationship / family breakdown, self-esteem / confidence, sexual abuse, social skills, timeout from family / other situation)

Issue(s)	Detail

13 Personal safety

N/A

Risk rating*

Low

Medium

High

Strengths

Identified strengths

Support networks

Issues

Domestic/family violence issues?*

Yes

No

If the client has mental health issues please complete the following questions.

Currently experiencing domestic/ family violence?

Yes

No

Ongoing risk to safety?

Yes

No

Medical support required?

Yes

No

Threat to pets?

Yes

No

Police support required?

Yes

No

Recent harming of others?

Yes

No

Are children currently at risk with the alleged perpetrator?

Yes

No

Domestic/family violence issue detail

Other personal safety issues (e.g. recent child protection, recent harming of others, recent self-harming, suicide)

Issue(s)	Detail