JobQuest

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INTAKE DATA COLLECTION
FORM ACD01

** The Home Maintenance Services is funded by the Department of Health. For you to get the subsidised services we need to collect your details and the service you need for intake and reporting.
Is this ok with you? ☐ Yes ☐ No

We also need to collect your information to provide services under the NDIS
Is this ok with you?

Funding Code: _____

PERSONAL DETAILS (* mandatory fields for CHSP)			
* Given Name		* Family Name	
* Salutation	☐ Mr ☐ Mrs ☐ Ms	* Pseudonym?	☐ Yes ☐ No
* Date of birth (dd/mm/yyyy)			* Estimated? ☐ Yes ☐ No
Home phone		Mobile	
Email			
Residential Address			
* Suburb		* State	New South Wales
* Postcode			
* Gender	☐ Male ☐ Female ☐ Intersex / indeterminate ☐ Not stated or inadequately described	* Indigenous status	☐ Not indigenous ☐ Aboriginal ☐ Torres St Islander ☐ Aboriginal and Torres St Island ☐ Not state / inadequately described
* Country of Birth		* Main language spoken at home	
Interpreter required?	☐ Yes ☐ No		

* Accommodation setting	* Living Arrangements
☐ Boarding house ☐ Crisis, emergency or transition ☐ Independent living unit ☐ Indigenous community/settlement ☐ Institutional setting (i.e. residential aged care, hospital) ☐ Private residence – client or family owned/purchasing) ☐ Private residence – private rental ☐ Private residence – public rental ☐ Public shelter ☐ Supported accommodation ☐ Other ☐ Not stated	☐ Single (person living alone) ☐ Sole parent with dependant(s) ☐ Couple ☐ Couple with dependant(s) ☐ Group (related adults) ☐ Group (unrelated adults) ☐ Homeless/no household ☐ Not stated or inadequately described
* Disability, impairment or condition indicator	* DVA Card Status
☐ Intellectual / learning ☐ Psychiatric ☐ Sensory / speech ☐ Physical / diverse ☐ None (no disability) ☐ Not stated / inadequately described	☐ DVA Gold Card ☐ DVA White Card ☐ DVA Orange Card or other ☐ No DVA entitlement

*** CONSENTS**	
Consent to have personal information stored in the web-based portal	☐ Yes ☐ No
Consent to participate in follow up research, surveys and evaluation	☐ Yes ☐ No

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* DO YOU HAVE A CARER OR PERSON RESPONSIBLE? ☐ Yes ☐ No			
Name		Contact No	
Email Address		Relationship	
Address			
OTHER EMERGENCY CONTACT			
Name		Contact No	
Email Address		Relationship	
Address			

Client Referred to JQ by			
Case Manager/COS name		Contact phone	
Management agency			
Agency email			
JobQuest A/C Manager			
Funder	☐ CHSP ☐ VHC ☐ NDIS ☐ HCP	Other Funder/ Provider	
NDIS	☐ Plan Managed ☐ Self ☐ NDIA	PLAN DATES	

NO RESPONSE ACTIONS				
Is there another key holder?	☐ Yes ☐ No	Name:	Relationship:	Contact:

SERVICE DETAILS		
Cleaning	Garden Maintenance	Home Maintenance/Repairs
Notes		

Data entry record

Form completed by				Date	
DSS DEX		Xero		Malinko	
Service Agreement Terms and Conditions completed and signed:				Service Booking completed and signed:	
Service commenced:				Service schedule [jobs] added to Malinko:	