

I&R and Intake Assessment Form

RISK ALERT CHECKLIST

A. FAMILY VIOLENCE CONCERNS	
Level of Risk 1. Does the information presented suggest that any member in the family, including the client has been injured or is likely to be harmed or neglected (include moral risk and self-harm)*? When did abuse start? _____ Last Incident _____ Frequency _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please proceed to the following questions: 2. Are there visible signs of injury? 3. Was a weapon used? 4. Will the person be at risk of immediate injury/harm if their circumstances remain the same?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Resources / Support 5. Does the present carer have the commitment, resources and capacities to protect the person now? 6. Is there anyone else in the immediate care environment of the vulnerable person who has the capacity and willingness to protect him/her?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
FAMILY VIOLENCE RISK ASSESSMENT (Only if "Yes" for Qn. 1) <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	

B. SUICIDE RISK ASSESSMENT	
1. Does the information presented suggest risk of suicide? <i>If Yes, please proceed to the following questions:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Suicidal Thoughts Please indicate evidence: (Frequency, intensity, duration)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Suicidal Plans Please indicate evidence: (Concrete, specific, accessibility/availability)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Past Suicidal Attempts Please indicate evidence: (Frequency, intensity, duration)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Risk Factors Please indicate evidence: (Acute stressor, mental health, physical health, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Protective Factors Please indicate evidence: (social support, hopes, etc)	
SUICIDAL RISK ASSESSMENT (Mandatory if "Yes" for Q1) <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	

*Parental Consent is compulsory for all the clients below the age of 18 years old.



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C. RISK OF HARM TO OTHERS (out of family setting) ASSESSMENT	
1. Does the information suggest that the client/family member is of danger to others (e.g physical / sexual)? <i>Please indicate evidence:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
RISK OF HARM TO OTHERS ASSESSMENT (Mandatory if "Yes" for Q1) <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	

OVERALL RATE OF RESPONSE: Crisis (Immediate) Urgent (By the next day) Normal (within 3 working days)
Contact may be made with client/significant protective member/next of kin. Type of follow up intervention will be decided upon contact.

REMARKS:

SERVICES REQUESTED:

- Residential respite
- Casework and counselling
- Mother and baby care support
- Confinement support
- Adoption and fostering support
- Others - please specify: _____

RECOMMENDATIONS:

*Parental Consent is compulsory for all the clients below the age of 18 years old.



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APPENDIX A – To be Completed by REFERRAL ORGANISATION

PERSONAL DATA PROTECTION ACT CONSENT

I have obtained the consent of our client to give Safe Place permission to collect, use and disclose the information provided in this form for all purposes arising out this referral. Our client also consents to SP contacting her by telephone, or sending her phone or email messages, with regards to this referral.

Name and Signature of Referral Caseworker **Date**

Name of Referral Organisation/Department

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APPENDIX B – To be Completed by CLIENT of SAFE PLACE

1. PERSONAL DATA PROTECTION ACT CONSENT

By providing the above information contained in this form, I give Safe Place consent to collect, use and disclose the information for all purposes arising out of the request for information. I also consent for SP to contact me by telephone, or send me phone or email messages, with regards to my request.

Name and Signature of Client / Guardian **Date**

2. INDEMNITY

I have approached Safe Place (SP) on my own accord to receive the assistance that I need in my present situation. I have not been coerced or enticed into any action leading me to contact SP. I hereby absolve SP, and its staff from any and all liability due to any accident or injury, however caused to either my child/children or myself while I am a client at SP.

Name and Signature of Client / Guardian **Date**

**Parental Consent is compulsory for all the clients below the age of 18 years old.*

