

St John's Crisis Centre – Emergency Relief Form

Consent form for St John's Crisis Centre.

I _____ acknowledge that this could involve sharing information with other service providers or collecting information. St John's Crisis Centre as a service provider has a duty of care that means if you mention that you might harm yourself or others that we will discuss this and inform the appropriate departments, organisations, including if required Government Departments. Also, if you mention that you have a warrant out for your arrest or disclose any information of a criminal or illegal nature including making threats towards St John's Crisis Centre personal our duty of care is to inform the police.

Acknowledgment:

I acknowledge that I understand why my personal information is being collected and how it will be used.

Name:

Signature:

Acknowledgement Obtained and Witnessed by St John's Crisis Centre representative:

Name:

Counter Signed:

Date:/...../ 20.....

Client Number #

M F LGBTQ+ DOB: Contact Details:

Address:

..... P/Code:

Do you identify as: Aboriginal or Torres Strait Island No

Country of Birth:

Main Language:

Referred by:

Existing Client New Client Veteran

Next of Kin:

Contact Details:

Partners Name:

Number & age of dependents:

Does the client have one or more of the following impairments, conditions or disabilities?

Intellectual Learning Psychiatric / MH Sensory / speech Physical / diverse None

Benefit Type: Age Pension Career Allowance DSP FTB A&B JSP PP single PP partner

Public Trust No Benefit; specify:

CRN: Amount: \$..... Due on:

Centrelink Consent Form Signed: Yes Rent: \$ p/w - p/f - p/m Due:

Reason for Requesting E.R:

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Are you linked in with another agency: Yes Name:? No

ACTION TAKEN:

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ER Type	Amount	Card number	Amount
Coles Card			\$
Coles Fuel Card			\$
Go Card			\$
Chemist Scripts			\$
Other			\$
Telstra Voucher			\$
Hayley's non-perishables			\$
Petty cash			\$
Total E.R Received			\$

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