



Financial Counselling Referral

Please return completed referral
to fcintake@cultura.org.au
or contact us on 1800 512 341

Client Details

Full Name:		
Phone:		
Mobile:		
Date of Birth:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Address:		
Client Email:		
Referral Source:	<input type="checkbox"/> Self	
Agency Name:		
Referrer:		
Referrer Contact Details:		
Homeless Status:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Housing Type:		
Cultural Background:		
Country of Birth:		
Interpreter Required:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Language:		
Client is a Refugee:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Visa Type:
Family Violence?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Historical <input type="checkbox"/> Present
Current Intervention Orders?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Name of Perpetrator:	DOB:	
Are there safety issues?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify):	
Are there any general safety concerns?		
Aboriginal or Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Disability:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Registered with NDIS?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Household Type	
Household:	<input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Sole Parent <input type="checkbox"/> Two Parent Group <input type="checkbox"/> Other
Number of Children:	(specify):

Financial Snapshot

Income Source	
Income Source with fortnightly earning (Specify):	Fortnightly
	\$
	\$
TOTAL	\$

Assets	
House:	\$
Car:	\$
Other:	\$

Debts/Expenses	
Housing	
Mortgage Payment Amount: \$	<input type="checkbox"/> wk <input type="checkbox"/> fort <input type="checkbox"/> mth
	Bal \$
Rent Amount: \$	<input type="checkbox"/> wk <input type="checkbox"/> fort <input type="checkbox"/> mth
	<input type="checkbox"/> Public Housing <input type="checkbox"/> Private Rental <input type="checkbox"/> Other Services <input type="checkbox"/> Rent Assist

Bills/Fines	
Council Rates: \$	Fines: \$
Electricity: \$	Credit Card: \$
Gas: \$	Personal Loan: \$
Water: \$	Secured Car Loan: \$
Mobile: \$	Other: \$

Identified Contributing Factors		
<input type="checkbox"/> Inadequate Income	<input type="checkbox"/> Business failure	<input type="checkbox"/> Child support issues
<input type="checkbox"/> Family violence	<input type="checkbox"/> Over-commitment	<input type="checkbox"/> Dispute/ WorkCover
<input type="checkbox"/> Car accident	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Health Issues
<input type="checkbox"/> Death	<input type="checkbox"/> Illness related	<input type="checkbox"/> Housing issues
<input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Refugee/Asylum Seeker	<input type="checkbox"/> Decrease in income
<input type="checkbox"/> Drug & Alcohol	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Centrelink issues
<input type="checkbox"/> Relationship breakdown	<input type="checkbox"/> Dependants	<input type="checkbox"/> Gambling
<input type="checkbox"/> Relocation	<input type="checkbox"/> Loss of money/investment	<input type="checkbox"/> Other (specify):

Comments/Other Information

Consent

Verbal or written consent Client; to sign & date

Client Name:

Signature:

Date:

Verbal or written consent Worker; to sign & date

Worker Name:

Signature

Date:

Office Use

Contact Method: Phone Call Face to Face

Fax Email

Priority Ranking: 1 2 3

Referral Received:

Acknowledged: