

Footprints Decluttering Service: Referral Form

Client Information	
Date:	Client Name:
Address:	Phone number:
DOB:	Main Language at Home:
Gender:	Indigenous Status: Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>
Consent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Housing Type: House <input type="checkbox"/> Unit <input type="checkbox"/> Boarding House <input type="checkbox"/> Other <input type="checkbox"/>
Referrer Information	
Name:	Organisation:
Relationship:	Phone:
Email:	
Will you have ongoing involvement with this client? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you want to be involved in the initial meeting? Yes <input type="checkbox"/> No <input type="checkbox"/>	
This is a fee-for-service program, is the client or another service linked with the client, able to pay for the services? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>NDIS:</p> <p>Is the client registered for NDIS? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Has the client been approved for NDIS? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>FDS can be funded under either Core Supports or Capacity Building line items. Does the client have funding either of these streams under NDIS? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is yes which one?.....</p>	
Resident and Environment Profile	
Clutter: Yes <input type="checkbox"/> No <input type="checkbox"/>	Squalor: Yes <input type="checkbox"/> No <input type="checkbox"/>
Clutter Image Rating Scale (see attached):	Number of rooms:
Animal Hoarding: Yes <input type="checkbox"/> No <input type="checkbox"/> Type and approx. number:	
Are you aware of any active breach or Public Health Order actions: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any other agencies assisting the resident? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details:	
Does the resident display insight into their challenges? Yes <input type="checkbox"/> No <input type="checkbox"/>	
In your opinion, will the resident be willing to engage in decluttering? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please list known physical and mental health diagnoses/other relevant information for the service:

What services are you referring for?

Case Management* Counselling Decluttering Peer Support Buried in Treasures

*Please note, a minimum of 2 hours Case Management is required for intake purposes

Health and Safety Risk Profile

Rodents (rats, mice): Yes No
Unsure

Vermin (including fleas, birds, cockroaches etc.): Yes No
Unsure

Bio hazards (chemicals, waste, etc): Yes No
Unsure

Plumbing or structural concerns (working utilities): Yes No
Unsure

Safety threat (i.e. aggression, pets): Yes No
Unsure

Self harm or suicide risk: Yes No
Unsure

Once completed, please send to the details below.

Clutter Image Rating Scale (CIRS)*

The purpose of this tool is to gauge the impact of hoarding on the person with the hoarding behaviour.

Clutter Image Rating Scale:

Please select the photo below that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9

* Source: Frost RO, Steketee G 2006a, *Compulsive Hoarding and Acquiring: Therapist Guide*. New York. Oxford University Press. The Clutter Image Rating (CIR) Tool, p. 188. Used with permission of Oxford University Press, USA.

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