



# Lighthouse Foundation

## Home for Mothers and Babies Intake Assessment Form

Lighthouse Foundation  
13 Adolph Street  
Richmond Vic 3121  
Phone: (03) 90937500  
Fax: (03) 90937555

Date: \_\_\_\_\_

### REFERRAL SOURCE

Referring Agency: (if applicable): \_\_\_\_\_

Name of Person Making Referral: \_\_\_\_\_

Referrer Identity Protection Required? Y / N

Contact No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

### SERVICE USER INFORMATION

**Please Note:** Lighthouse Foundation is committed to providing all service users with quality service and maintaining individual's privacy and confidentiality. If an agency is making a referral the young person's permission to disclose the information is required.

Consent given: YES / NO (please circle yes or no and attach consent to Release Information Form)

Name of Mother being referred: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred Contact: \_\_\_\_\_

Name of Child in Mother's Care: \_\_\_\_\_ DOB: \_\_\_\_\_

Is the Mother Pregnant: Y / N Approximate Due Date: \_\_\_\_\_

Family aware that Mother is seeking support: Y / N

Child's Father aware that Mother is seeking support: Y / N

Is the Mother currently supported by an ECMHN: Y / N Details: \_\_\_\_\_

Is the Mother currently supported by a Health Service Provider: Y / N Details: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Cultural Identity of person being referred: \_\_\_\_\_

Transport Capacity? Y / N Details: \_\_\_\_\_

Does the person being referred identify as Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal person
- Yes, Torres Strait Islander person
- Yes, both

Employment Status:

- Full-time
- Part-time
- Student
- Casual
- Unemployed
- Not in labor force
- Other

Occupation/Course (if applicable): \_\_\_\_\_

Level of Education Completed: \_\_\_\_\_

Web Site: [www.lighthousefoundation.com.au](http://www.lighthousefoundation.com.au)

Donation Hotline: 0390937500

*On for Life.*



# Lighthouse Foundation

**Brief Working History if applicable:** \_\_\_\_\_

**Main Income Source:**

- No Income
- Disability Support Pension  
(Give Details: \_\_\_\_\_ )
- Newstart
- Sickness Allowance
- Parenting Payment
- Austudy / Abstudy
- Wages/Salary
- Other

**Diagnoses:** \_\_\_\_\_

**Community Treatment Order:** Yes  No

**BACKGROUND INFORMATION**

*Where information is available*, please provide a brief summary for each section that is relevant to the Mother and where relevant their child's past and present situations.

**Accommodation History/ Current Accommodation (both previous and post pregnancy):**

- (Consider: Length of homelessness, accommodation types, reasons for breakdowns, current accommodation, supports)

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**General Health:**

- **Mother** (Consider: Current concerns, diagnosis', regular medication, hospitalizations, dental etc)

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- **Child** (If applicable consider: current concerns, regular medication, hospitalizations, etc)

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- **Antenatal Health** (Consider: complications during pregnancy, level of engagement with Health Services, antenatal depression, etc)

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- **Postnatal Health** (Consider: complications during labour and aftercare, level of engagement with ECMHN, postnatal depression, etc)

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# Lighthouse Foundation

**Mother's Family History:**

- (Consider: Current/past relationships, reasons for family break down, family dynamic )

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**Abuse within Family Relationships:**

- (Consider: sexual, physical, emotional, neglect and/or exposure to the previous mentioned)

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If applicable, was the Child exposed to the above mentioned abuse: Y / N

Details:

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Current Status of Family Relationship:

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**Current and/or Past Relationship with Child's Father:**

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**Abuse within Partner Relationships:**

- (Consider: Domestic violence, sexual, physical, emotional abuse, neglect and/or exposure to the previous mentioned)

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If applicable, was the Child exposed to the above mentioned abuse: Y / N

Safety Plan required: Y / N

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# Lighthouse Foundation

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Status of Partner Relationship: \_\_\_\_\_  
\_\_\_\_\_

If known does partner have any other children: Y / N      Level of Father's involvement with other children: \_\_\_\_\_  
\_\_\_\_\_

## Mental Health

- (Consider: Diagnosis, hospitalizations, support from other agencies.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How could the Mother's Mental Health impact on relationships with child and ability to parent

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Drug and Alcohol:

- (Consider: Drugs used – past and present, detox/rehab, methadone/buprenorphine, supports – past & present)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How could the Mother's Drug and Alcohol use impact on relationships with child and ability to parent

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Risk Behaviors:

- (Consider: Violent behaviours, patterns of self harm, frequent absconding)

\_\_\_\_\_  
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\_\_\_\_\_  
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# Lighthouse Foundation

**Coping Skills:**

- (Consider: Strategies to deal with emotion regulation and behavior management.)

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**How would the Mother describe their relationship with their child:**

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**Parenting Strategies:** (scenarios, Consider parent/child attachment styles, discipline techniques, confidence in parenting, activities engaged in together)

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**What additional supports may the Mother need in relation to parenting:**

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Does the Mother have Baby Items: (cot, Change Table, Clothes etc) Y / N \_\_\_\_\_

**Forensic/Legal Issues:**

- (Consider: Imprisonment, past & pending legal matters, community based orders, outstanding fines, supports)

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**Current Court Order in place:** Y / N

Conditions:

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# Lighthouse Foundation

**DHS Involvement:** *History with DHS: Y / N, Protective Order: Y / N, Guardianship/Custody Order: Y / N*

**Child/Children DHS Involvement:** *History with DHS: Y / N, Protective Order: Y / N, Guardianship/Custody Order: Y / N*

**Child First Involvement:** Y / N

Additional (child protection worker name, Contact Number)

Notes: \_\_\_\_\_

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## Strengths

- (Consider: Personal strengths in relation to resilience, ability to manage challenges that have or could occur.)

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## Hobbies & Passions:

- (Consider: Interests, recreation, activities of interest.)

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## Future Plans/ Expectations from Lighthouse:

- (Consider: Future endeavors, hopes & dreams etc.)

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## Current Personal Supports and in relation to Parenting Support:

- (Consider: Family, Friends, Agencies, Education, Employment.)

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Young Mother's eligibility:  Yes  No  Not at this stage.

Significant protective concerns identified – Report to DHS:  Yes  No  Not at this stage.

Additional Notes and/or Observations:

Recommendations for Screening:



**Genogram:**

A **genogram** (pronounced: *jen-uh-gram*) is a graphic representation of a family tree that displays detailed data on relationships among individuals. It goes beyond a traditional family tree by allowing the user to analyze hereditary patterns and psychological factors that punctuate relationships. Genograms allow a therapist and his patient to quickly identify and understand various patterns in the patient's family history which may have had an influence on the patient's current state of mind. The genogram maps out relationships and traits that may otherwise be missed on a pedigree chart.