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|  | | **Office Use Only**  In Date  Time  Conflict Check Completed Yes  Is there Conflict Yes  No  Is this a re-referral Yes  No  CIMS Person ID  Client ID  (if previous client)  Admin Complete Yes  (E-folder created, Referral & Email saved)  Informed Victims Services Yes  N/A  Caseworker  **Area**  Liverpool  Fairfield  Canterbury  Bankstown  Burwood |
| **Referral form**  To refer a client to Staying Home Leaving Violence Service (Bankstown, Burwood, Canterbury, Fairfield and Liverpool) complete this form and fax or email it to us:  **F:** 02 9600 6244 | **E:** [shlv@justicesupportcentre.org.au](mailto:shlv@justicesupportcentre.org.au)  During COVID restrictions please email.  If you have any questions, please call (02)9790 1380. | |
|  | | |
| **Referrer Details:** | | |
| Referral Date: Organisation:       Contact Person: | | |
| Phone/Mobile:       Email: | | |
| **Consent from Person being referred for referral to SHLV obtained:** Yes  No | | |
|  | | |
| **Details of person being referred:** | | |
| First Name:       Middle Name:       Surname: | | |
| Date of Birth:       Maiden Name: | | |
| Is this person known by any other names: Yes  No  If yes, details: | | |
| Gender Identity: Male  Female  Non-binary  Prefer not to say  Don’t know  Do they identify as: Lesbian  Gay  Straight  Bi  Queer  Prefer not to say  Don’t know  Have they had a trans or gender diverse experience: Yes  No | | |
| Address:       Postcode: | | |
| Phone – M:       H: | | |
| Ok to leave v-msg/text: Yes  No  Safe to call at set times: | | |
| Email:       Safe to email: Yes  No | | |
| Country of Birth:       If not born in Australia, what year did they arrive: | | |
| Do they identify as A/TSI: Yes  No  Not Stated | | |
| Language/Dialect:       Interpreter Required: Yes  No  Proficiency in spoken English: Very Well  Well  Not Well  Not at all  Don’t know | | |
| Migrant Status: Australian Citizen  Permanent  Temporary  Sponsored Migrant   NZ Special Cat Protected  NZ Special Cat Unprotected  Refugee/Humanitarian  Not Applicable  Other  VISA Type: Spousal  Fiancé  Student  Not Applicable  Other | | |
| Disability: Yes  No  Unknown  If Yes, nature of disability: | | |
| Health Issues: Yes  No  Unknown  If Yes, nature of health issue: | | |
| Mental Health: Yes  No  Unknown  If Yes, nature of mental health issue: | | |
| Alcohol and Other Drugs Issues: Yes  No  Unknown  If Yes, detail: | | |
| Marital/Partnership Status: Married  De Facto  Divorced  Single  Separated | | |
|  | | |
| **Details of Other Person:** | | |
| First Name:       Middle Name:       Surname: | | |
| Date of Birth: | Is this person known by any other names: Yes  No  If yes, details: | |
| Gender Identity: Male  Female  Non-binary  Prefer not to say  Don’t know  Do they identify as: Lesbian  Gay  Straight  Bi  Queer  Prefer not to say  Don’t know  Have they had a trans or gender diverse experience: Yes  No | | |
| Address:       Postcode: | | |
| Phone – M:       H: | | |
| Country of Birth:       If not born in Australia, what year did they arrive: | | |
| Do they identify as A/TSI: Yes  No  Not Stated | | |
| Language/Dialect:       Interpreter Required: Yes  No  Proficiency in spoken English: Very Well  Well  Not Well  Not at all  Don’t know | | |
| Migrant Status: Australian Citizen  Permanent  Temporary  Sponsored Migrant   NZ Special Cat Protected  NZ Special Cat Unprotected  Refugee/Humanitarian  Not Applicable  Other  VISA Type: Spousal  Fiancé  Student  Not Applicable  Other | | |
| Disability: Yes  No  Unknown  If Yes, nature of disability: | | |
| Health Issues: Yes  No  Unknown  If Yes, nature of health issue: | | |
| Mental Health: Yes  No  Unknown  If Yes, nature of mental health issue: | | |
| Alcohol and Other Drugs Issues: Yes  No  Unknown  If Yes, detail: | | |
| What is this person’s relationship to Referee: Husband  Partner  Ex-Partner  Parent  Child   Other | | |
| Marital/Partnership Status: Married  De Facto  Divorced  Single  Separated | | |

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| **Children’s Details:** | | | | | |
|  | **Child 1** | **Child 2** | **Child 3** | **Child 4** | |
| **Name of child** |  |  |  |  | |
| **Age** |  |  |  |  | |
| **DOB** |  |  |  |  | |
| **Gender** |  |  |  |  | |
| **Relationship to client** |  |  |  |  | |
| **Disability**  **Diagnoses** | Yes  No | Yes  No | Yes  No | Yes  No | |
| **Country of Birth** |  |  |  |  | |
| **Year of Arrival** |  |  |  |  | |
| **Australian Citizen** | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | |
| **Main Language** |  |  |  |  | |
| **Migrant Status** |  |  |  |  | |
| **Who child lives with** |  |  |  |  | |
| **Name of Biological Father** |  |  |  |  | |
| **Name of Biological Mother** |  |  |  |  | |
| **School and Year** |  |  |  |  | |
|  | | | | | |
|  | **Child 5** | **Child 6** | **Child 7** | **Child 8** | |
| **Name of child** |  |  |  |  | |
| **Age** |  |  |  |  | |
| **DOB** |  |  |  |  | |
| **Gender** |  |  |  |  | |
| **Relationship to client** |  |  |  |  | |
| **Disability**  **Diagnoses** | Yes  No | Yes  No | Yes  No | Yes  No | |
| **Country of Birth** |  |  |  |  | |
| **Year of Arrival** |  |  |  |  | |
| **Australian Citizen** | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | |
| **Main Language** |  |  |  |  | |
| **Migrant Status** |  |  |  |  | |
| **Who child lives with** |  |  |  |  | |
| **Name of Biological Father** |  |  |  |  | |
| **Name of Biological Mother** |  |  |  |  | |
| **School and Year** |  |  |  |  | |
|  | | | | | |
| Is the person being referred pregnant: Yes  No  If Yes, details:  Are DCJ involved: Yes  No  If Yes, please provide details: | | | | |
| **Legal:** | | | | |
| Is there an ADVO: Yes  No  If Yes: Application  Interim  Provisional  Final  (Expiry      )  If Yes, is the person being referred the: Victim  Defendant | | | | | |
| Orders:  1abc  2  3abc  4  5  6abcde  7ab  8abc  9abc      Metres  10  11  Next court date:  Any additional information: | | | | | |
| Is there any other court matters: Yes  No  If Yes, please provide details: | | | | | |
|  | | | | |
| **Referral Information:** | | | | |
| **Background for referral, including history of abuse, support needs, concerns relating to children:** | | | | | |

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| **Additional Client Information:** |
| Is the client willing to engage in Case Coordination (CC) or ongoing Case Management (CM) support from:  SHLV: Yes  No  CC: Yes  No  CM: Yes  No |
| Please describe the kind of support needs the client has identified: |
| Is the relationship over: Yes  No  Client is not sure |
| When was the last incident of violence: |
| Does the client have any concern about their safety and the children/s safety: Yes  No  If Yes, details: |
| Does their ex-partner know where they are living now: Yes  No |
| Does the person being referred want to remain in the home or is in stable accommodation: Yes  No |
| Have you referred this person to other services: Yes  No  If Yes, details: |
| Is this referral for Co-Case Management: Yes  No  If Yes, details: |
| Is this referral for the security upgrades: Yes  No  If Yes, then we will not continue with the assessment process. |
| **If there is more than one defendant/ADVO/APVO, please complete the other person detail on another referral form with any relevant issues pertaining to the other defendant.** |