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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.auDuring 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.** |