

Eastern Sydney Staying Home Leaving Violence REFERRAL

(Please email to shlv@jnc.org.au)

REFERRED BY			
REFERRING AGENCY		DATE	
REFERRER NAME		PHONE	
EMAIL			
CASE MANAGEMENT	YES	NO	COMMENTS
Has the client consented to this referral?	<input type="checkbox"/>	<input type="checkbox"/>	Verbal <input type="checkbox"/> Written <input type="checkbox"/>
Will you be continuing to work with the client?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes in what capacity:
Does the client consent to us continuing contact with your service in regards to their case?	<input type="checkbox"/>	<input type="checkbox"/>	Verbal <input type="checkbox"/> Written <input type="checkbox"/>
Are there any other services involved with the family?	<input type="checkbox"/>	<input type="checkbox"/>	Please specify:

CLIENT IS BEING REFERRED TO SHLV FOR	
<input type="checkbox"/> Brokerage	Identified items needed:
<input type="checkbox"/> Safety Audit/ Planning	Immediate safety needs:
<input type="checkbox"/> Court Support	AVO/Criminal/Family Law
<input type="checkbox"/> Case management	
<input type="checkbox"/> Other	Please specify:

CLIENT DETAILS		
NAME		D.O.B.
RESIDENTIAL ADDRESS		Is this the address previously shared with the perpetrator? Y <input type="checkbox"/> N <input type="checkbox"/> Does the client wish to live in the home without the perpetrator? Y <input type="checkbox"/> N <input type="checkbox"/>

CLIENT DETAILS CONTINUED		
MAILING ADDRESS (IF DIFFERENT)		
CONTACT NUMBER		Is it safe for SHLV to leave voice or text messages? Y <input type="checkbox"/> N <input type="checkbox"/>

EMAIL			
RELATIONSHIP STATUS AT TIME OF VIOLENCE		LENGTH OF RELATIONSHIP	
LENGTH OF TIME SEPARATED		COUNTRY OF BIRTH	
Does the client identify as Aboriginal and/or Torres Strait Islander? Y <input type="checkbox"/> N <input type="checkbox"/>	MIGRANT STATUS		
	VISA & EXPIRY DATE		
LANGUAGE SPOKEN AT HOME		Would the client prefer to use an interpreter? Y <input type="checkbox"/> N <input type="checkbox"/>	
GENDER IDENTITY (I.E. FEMALE/ MALE/TRANSGENDER/ NON BINARY ETC.)		DO THEY IDENTIFY IN BEING any OTHER SEXUAL IDENTITY OTHER THAN STRAIGHT (IF SO, PLEASE SPECIFY)	

CLIENT and or CHILD, SUPPORT WORKER/S		
NAME	ORGANISATION & ROLE	CONTACT DETAILS

CLIENT and or CHILD, IDENTIFIED NEEDS	COMMENTS
Mental Health	
Disabilities	
Drugs and Alcohol	
Health	

CHILDREN

CHILD ONE				
NAME			GENDER IDENTITY	
D.O.B.		Identified as Aboriginal and/or Torres Strait Islander? Y <input type="checkbox"/> N <input type="checkbox"/>	MIGRANT STATUS	
COUNTRY OF BIRTH			VISA & EXPIRY DATE	

CHILD TWO				
NAME			GENDER IDENTITY	
D.O.B.		Identified as Aboriginal and/or Torres Strait Islander? Y <input type="checkbox"/> N <input type="checkbox"/>	MIGRANT STATUS	
COUNTRY OF BIRTH			VISA & EXPIRY DATE	

CHILD THREE				
NAME			GENDER IDENTITY	
D.O.B.		Identified as Aboriginal and/or Torres Strait Islander? Y <input type="checkbox"/> N <input type="checkbox"/>	MIGRANT STATUS	
COUNTRY OF BIRTH			VISA & EXPIRY DATE	

CHILD FOUR				
NAME			GENDER IDENTITY	
D.O.B.		Identified as Aboriginal and/or Torres Strait Islander? Y <input type="checkbox"/> N <input type="checkbox"/>	MIGRANT STATUS	
COUNTRY OF BIRTH			VISA & EXPIRY DATE	

PERPETRATOR DETAILS			
NAME		D.O.B.	
CURRENT ADDRESS			
Does the perpetrator identify as Aboriginal and/or Torres Strait Islander? Y <input type="checkbox"/> N <input type="checkbox"/>	COUNTRY OF BIRTH		
MIGRANT STATUS		VISA & EXPIRY DATE	
Does the perpetrator have a disability? Y <input type="checkbox"/> N <input type="checkbox"/>	IF SO, DETAILS OF DISABILITY		
GENDER IDENTITY (I.E. MALE/ FEMALE/TRANSGENDER/ NON BINARY ETC.)		DO THEY IDENTIFY IN BEING any OTHER SEXUAL IDENTITY OTHER THAN STRAIGHT (IF SO, PLEASE SPECIFY)	

CLIENT LEGAL ISSUES	YES	NO	??	COMMENTS
Do they currently have an Apprehended Violence Order ("AVO")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interim <input type="checkbox"/> Final <input type="checkbox"/>
Is the AVO being contested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there an exclusion order on the AVO?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there criminal charges associated with the AVO? <i>Please specify.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Upcoming Court Dates	Date:		Hearing <input type="checkbox"/> Mention <input type="checkbox"/>	
Police station			Officer in Charge:	
Family Court proceedings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details:

RISK ASSESSMENT & SAFETY ACTION MEETING & REFERRAL DETAILS	YES	NO	COMMENTS
Has the DVSAT been completed? By whom:	<input type="checkbox"/>	<input type="checkbox"/>	Outcome: At Threat <input type="checkbox"/> At Serious Threat <input type="checkbox"/>
Has the client been referred to a Safety Action Meeting	<input type="checkbox"/>	<input type="checkbox"/>	Date: Did client consent to SAM:
Documentation attached with this referral	DVSAT <input type="checkbox"/> ADVO <input type="checkbox"/> Witness Statements <input type="checkbox"/>		