Eastern Sydney Staying Home Leaving Violence
P: 0439 414 673
E: SHLV@jnc.org.au

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REFERRAL FORM

Please email to shlv@jnc.org.au

Referred by			
Referring Agency		Date	
Referrer Name		Phone	
Email			
Has the client consented to this referral?	☐ Yes ☐ No		
Will you continue to work with this client?	☐ Yes ☐ No		
Are any other services working with this client?	☐ Yes ☐ No ☐ Unsure If yes, please provide details: _____		

Client					
Name		DOB			
Email					
Phone		Is it safe for SHLV to leave voice or text messages?	☐ Yes ☐ No		
Address					
Is this the address previously shared with the person undertaking violence?	☐ Yes ☐ No				
Does the client wish to live without the person undertaking violence?	☐ Yes ☐ No				
Relationship status at time of violence		Length of relationship			
		Length of time separated			
Housing type if known	☐ Owned ☐ Public Housing / Community Housing ☐ Private Rental ☐ Homeless/ Couch Surfing ☐ Not Known ☐ Other If other please specify: _____				
Does the client identify as Aboriginal and/or Torres Strait Islander?	☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐ Prefer not to answer				
Country of Birth		Visa Status			
Cultural & Linguistically Diverse	☐ Yes ☐ No	Language Spoken		Interpreter needed?	☐ Yes ☐ No
Disabilities					
Mental health					
Alcohol and other drugs					

Reason for referral	
Lock change	
Safety Audit/ Planning	
Case management	
Other	

Additional information

When was the last incident?

DV History:

Current Supports:

Referrals Completed:

Please provide any additional information**:**

Children			
Name	Gender	DOB	Identifies as Aboriginal or Torres Strait Islander? If yes please specify.

Person Undertaking Violence			
Name	Gender	DOB	Identifies as Aboriginal and or Torres Strait Islander?
Address			

Legal	Yes	No	Unknown	Details
Is there a current AVO?				☐ Interim ☐ Final
Details of AVO				
Is the person undertaking violence in custody?				
Are there criminal charges associated with the AVO?				
Upcoming Court Dates	Date**:**			☐ Hearing ☐ Mention
Police Station				
Family Court Proceedings				

DVSAT and SAM	Yes	No	Details
Has a DVSAT been completed? **(If yes, please attach)**			☐ At Threat ☐ At Serious Threat Total Number of Indicators: _____
Has the client been referred to a Safety Action Meeting?			