|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VICTIM SURVIVOR DETAILS** | | | | |
| FULL NAME: | | | | |
| DATE OF BIRTH: | MOB: | | | |
| PRIMARY ADDRESS: | | | | |
| CURRENT LOCATION: | | | | |
| CONTACT NUMBER: | | | | |
| EMERGENCY CONTACT: | | | | |
| Does the client agree to information sharing between organisations?  (Please attach Client Information Sharing Agreement form if answer is Yes.) | | Y | N | |
| POLICE ORDERS | | | | |
| Does the client have any current/outstanding police orders? IE Child protection orders, intervention orders? | | Y | N | |
| **If Yes, are there children included on the order?** | | Y | N | |
| **List of conditions/variations on the order:** | |  | | |
| OUTSTANDING FINES | |  | | |
| Do you have any outstanding fines  (traffic, toll and/or court fines)? If so, would you like us  to assist you with a work and development order to  commence paying these fines off? | | Y | | N |
| Would you like to see a financial counsellor to assist  With any debt and/or budgeting? | | Y | | N |

|  |  |
| --- | --- |
| **CHILD/CHILDREN VICTIM SURVIVOR DETAILS** | |
| FULL NAME: | |
| DATE OF BIRTH: | MOB: |
| GENDER: | |
| CHILD/CHILDRENS  PRIMARY ADDRESS: | |
| CURRENT LOCATION: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **FAMILY MEMBER USING VIOLENCE DETAILS** | | | |
| FULL NAME: | | | |
| DATE OF BIRTH: | MOB: | | |
| PRIMARY ADDRESS: | | | |
| CURRENT LOCATION: | | | |
| CONTACT NUMBER: | | | |
| EMERGENCY CONTACT: | | | |
| POLICE ORDERS | | | |
| Does the client have any current/outstanding police-orders  IE child protection orders, intervention orders? | | Y | N |
| **If Yes, are there children included on the order?** | | Y | N |
| **List of conditions/variations on the order:** | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AFM COMMUNITY SERVICES IDENTIFICATION** | | | | |
| Is there a completed comprehensive risk assessment for the  AFM from any other service providers?  If Yes, which service has completed this? | | Y | N | |
|  | | |
| Is the client currently linked with any family violence services VACCA, Orange Door? | | Y | N | |
| Is the client receiving any assistance from community partners? | | Y | N | |
| SERVICES AND/OR PROGRAMS PROIVIDING ASSISTANCE:  (If Yes above) | |  | | |
| Are DFFH currently involved with the client? | Y | | | N |
| Is VACCA currently involved with the client? |  | | |  |
| Is there case worker involvement from any service providers? | Y | | | N |
| CASE WORKER CONTACT DETAILS (if Yes above)  NAME:  SERVICE:  PHONE NUMBER: | | | | |