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| **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 |

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

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| **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-ordersIE 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:** |  |

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| **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: |