## Worker and Agency Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Case manager/ caseworker/ support worker**: |  |  | **Agency**: |  |
| **Phone No**: |  |  | **Program**: |  |
| **E-Mail Address**: |  |  | **Length of time involved with family**: |  |
| **Name Manager/Team Leader**: |  |  | **Date endorsed by Manager/Team Leader**: |  |

## Client Details (on whose behalf application is being made)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Your Client** (victim/ survivor of family violence) | **Name**: |  | **Age/Date of Birth**: |  |
| **Address**: |  | **Phone**: |  |

**Gender:**

Female [ ]  Male [ ]  Non-binary [ ]  Transgender [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cultural Identity/heritage:**

**Country of birth:** Australia [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your client’s cultural identity/heritage?**

[ ]  Australian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Culturally & linguistically diverse (CALD) background (please specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interpreter Required: Y** [ ]  **N** [ ]  Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Aboriginal or Torres Strait Islander \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Aboriginal or Torres Strait Islander Identity** |  |
| State/Territory/Island/region |  |
| Family/Clan (if known) |  |
| Language group (if known) |  |

[ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Residency Status:**

Australian Citizen [ ]  Partner provisional visa [ ]  Not Known [ ]

Living in Australia [ ]  Temporary protection visa [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current housing type:**

Emergency [ ]  Refuge/crisis accommodation [ ]  Public housing [ ]  Private rental [ ]  Home owner [ ]

Homeless [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Income source:**

Wages [ ]  Government payment [ ]  Mixed [ ]  No income [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is your client impacted by any of the following:** | Yes | No | Not known | Comments |
| Disability |[ ] [ ] [ ]   |
| Mental Illness |[ ] [ ] [ ]   |
| Substance abuse |[ ] [ ] [ ]  Alcohol [ ] Other drugs [ ]  |

**Dependent Children Details**

Does your client have children in their care? [ ]  Yes [ ]  No

Is your client pregnant? [ ]  Yes [ ]  No

|  |
| --- |
| **Children’s Details**  |
| **Name** | **DOB & Age** 0-<12mths12 mths-<5 yrs5-12 yrs13-18 yrs0ver 18 | **Cultural Identity**(please specify):CALDAboriginal or Torres Strait islander | **Does the child or young person have a disability?**(please specify) |
|  |  |  |  |
|  |  |  |  |
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|  |
| --- |
| **Are there any other people living with your client and their children?** |
| Given Name | Family Name | Relationship | Age (if children) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Child Protection/ Victoria Police / Family Law Court Involvement** |
| **Child Protection Involvement**(related to your client & any dependent children) | [ ]  Current [ ]  Past [ ]  No current or past  [ ]  Not applicable (no children)  | **Details:** |
| **Victoria Police** **Involvement**Is there a current Intervention Order (IVO) in place? | [ ]  Yes [ ]  No  | **If Yes**  [ ]  Full [ ]  Limited**Expiry:** **Children Included**: [ ]  Yes [ ]  No**Other Details:**  |
| **Current Family Law Court Order/s?** | [ ]  Yes[ ]  No | **Details:** **Access Arrangements (if applicable):**  |

## Case Management/ Support Plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Do you have a current case management plan/support plan that has been developed with your client?

|  |  |
| --- | --- |
| [ ]  Yes | **If Yes:**Date Plan Signed:Duration of Current Plan: Do you anticipate developing a further plan post this review date?[ ]  Yes [ ]  No**Other Comments:**  |
| [ ]  No |
| [ ]  Other |

 |

## Summary of Presenting Needs/Risks When Your Client was Referred to Your Agency

|  |
| --- |
| (Dot points only) |

* At the time your client and any children were referred to your agency, was there any current family violence identified? What other needs and risks were identified? How were these presenting needs and risks impacting on your client’s safety and the children’s safety, stability and development?
* Was there any historical family violence identified in the referral to your agency? How had this impacted on the safety, stability and wellbeing of your client and any children (e.g. number of family violence incidents, number of times client had previously left the perpetrator, police interventions, L17s, IVOs, referrals to RAMP, stays in refuges, participation in family violence services etc)?

|  |  |
| --- | --- |
| [ ]  Yes[ ]  No | **Details:** (Dot points only) |

* Since you have been working with your client and any children, have there been any further family violence incident(s)? Have you needed to provide any crisis/immediate need/supports to secure safety for your client and any children and/or ensure accountability for the perpetrator?

|  |  |
| --- | --- |
| [ ]  Yes[ ]  No | **Details**: (Dot points only) |

* If there have been recent family violence incidents, has another agency/agencies provided any crisis response/immediate need/supports to secure safety for your client and any children and/or ensure accountability for the perpetrator?

|  |  |
| --- | --- |
| [ ]  Yes[ ]  No | **Details**: (Dot points only) |

* Has your client been referred to RAMP in relation to the most recent family violence incident(s)?

|  |  |
| --- | --- |
| [ ]  Yes | **Details:** |
| [ ]  NoWould you categorise the present circumstances being experiences by your client as:High risk (but non-RAMP) [ ]  orLow/medium risk [ ] Any comments: | Are you anticipating making a referral to RAMP?[ ]  Yes [ ]  No**Details:**  |

**Other Agencies currently involved with your client and any children:**

|  |  |  |
| --- | --- | --- |
| Name of Agency | Contact Person & Phone Number | Type of involvement |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Information about the Perpetrator

* If there has been recent family violence incident(s) involving your client and any children, what is your client’s relationship to the perpetrator?

|  |
| --- |
| [ ]  Current Intimate partner [ ]  Former intimate partner [ ]  Son/Daughter (Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )[ ]  Other Family Member : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

* Where is your client and any children currently living?

|  |  |
| --- | --- |
| [ ]  Your client and any children have remained in their home after the perpetrator has been removed following a recent family violence incident(s).  | **Details:** |
| [ ]  If yes to the above, is there a current court order in place? | **Details:**  |
| [ ]  Your client and any children had to leave their home recently because of a family violence incident(s) and have relocated to temporary accommodation? | **Details:** |
| [ ]  Your client and any children left their home because of a family violence incident(s) and have re-established new living arrangements? | **Details:** |
| [ ]  Other | **Details:** |

* Does your client have any plans to reconcile with their intimate partner with the intention of returning to a shared living arrangement?

|  |  |
| --- | --- |
| [ ]  Yes[ ]  No | **Details:**  |

## Responding to Client Needs: Case Support/Service Interventions

* What interventions are outlined in your client’s current case management/support plan to secure safety for your client and any children and to assist them in the re-establishment of stable living arrangements and support to rebuild their lives? Please complete the table below.

|  | **Type of Assistance** | **Planned Support/Service Interventions** | **Yes or No** If Yes: Detail Items (dot points only) | **Are funds needed to obtain these items?****(Yes or No)** |
| --- | --- | --- | --- | --- |
| **1.** | Freedom from abuse and violence | Provision of technological safety support (CCTV, mobile phone, personal/property alarm, security doors, sensor lights, fence, windows, change locks etc)  |  |  |
| **2.** | Suitable and stable housing | Provision of safe, suitable and stable housing (repairs to property damage, travel costs to move to a safe location, relocation & moving costs, whitegoods, furniture, household items, utility bills, mortgage costs, rent payment, bond, payment for short-term or emergency accommodation etc) |  |  |
| **3.** | Adult client’s physical and mental health and wellbeing | Good physical and mental health (medical or pharmaceutical costs not covered by Medicare or PBS, disability aids & equipment, material needs & aids, other health or wellbeing services) |  |  |
| **4.** | Dependent children’s physical and mental health and wellbeing | Good physical and mental health (medical or pharmaceutical costs not covered by Medicare or PBS, disability aids & equipment, material needs & aids, other health or wellbeing services) |  |  |
| **5.** | Specialist Counselling (adult or dependent children) | Provision of specialist family violence counselling or AOD counselling |  |  |
| **6.**  | Participation in learning and education – Adult | Course fees – TAFE, Uni, vocational training; books, equipment & material aids; support for travel etc |  |  |
| **7.** | Participation in learning and education - Dependent children | Childcare costs; school/education costs (eg fees, excursions, etc); books, equipment, uniforms & material aids; support for travel etc |  |  |
| **8.** | Participation in workforce | Clothing, uniform, tools & equipment; training costs; support for travel etc |  |  |
| **9.** | Financial security & independence | Material needs; payment of debts; financial counselling; financial services; other professional services; Legal services; court costs; etc |  |  |
| **10.** | Support for social engagement, connection with culture & identity (Adult) | Identification and connection with culture and identity (car repairs, driving lessons, travel card, participation in social, sporting, or cultural activities; culturally specific professional services, or activities etc) |  |  |
| **11.** | Support for social engagement, connection with culture & identity (Dependent children) | Identification and connection with culture and identity (travel card, participation in social, sporting, or cultural activities; culturally specific professional services, or activities etc) |  |  |
| **12.** | Other |  |  |  |

## Links to a Financial Counsellor and other Financial Assistance

|  |  |  |
| --- | --- | --- |
| **Is your client linked with a financial counsellor?** | [ ]  Yes[ ]  No | If Yes, What actions have already been taken and what actions are planned? |
| If No, Has a referral to financial counselling been made? |

* Have you and/or your client tried to source financial assistance elsewhere for the needs identified in your client’s case management/support plan and what assistance has already been received?

|  |  |
| --- | --- |
| [ ]  No |  **Assistance Already Received** |
| [ ]  Yes | [ ]  Centrelink (See: <http://www.humanservices.gov.au/>)&(<http://www.humanservices.gov.au/customer/subjects/domestic-and-family-violence>)[ ]  DHHS Concessions and Entitlements (See: <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/victorian-concessions>[ ]  Federal Court Support (e.g. SCCB) (See: <http://www.humanservices.gov.au/customer/forms/fa023>)[ ]  Victims Assistance (See: <https://www.merrihealth.org.au/services/child-and-family/victims-assistance-program/> )[ ]  Gamblers Help (See: <http://www.gamblershelpnnw.org.au/our-services/get-financial-support/>) [ ]  Berry Street (See: <http://www.berrystreet.org.au/FamilyViolence>)[ ]  Uniting Lentara NILS (<http://www.lentarauc.org.au/page/48/financial-services>)[ ]  Vincent Care HEF (See: <http://www.vincentcare.org.au/how_can_we_help/housing_homelessness/initial_assessment_and_planning/>)[ ]  Other |  |

## Reasons for Applying for a Family Violence Flexible Support Package & Items Being Requested & Suppliers

* With reference to Q6 above, please copy & paste the items from Q6 for which you are requesting funds in this application & identify where will they be purchased?

|  |  |  |  |
| --- | --- | --- | --- |
| **Planned Support/Service Interventions** | **Item/s** | **Anticipated Cost** | **Service Provider**(please include quotes or invoices) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Anticipated Client Outcomes**

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| --- |
| Please outline how the provision of the flexible support package will assist your client to achieve the goals & outcomes outlined in their current case plan (Max 500 words) |

## 9. Anticipated Consequences if the Application for a Support Package is unsuccessful

* If the resources are not able to be provided, what would be the anticipated consequences on your client and any children? (Max 200 words)

|  |
| --- |
|  |

**Lodging your application**

**Valerie Ayres-Wearne (Manager) can be contacted for a secondary consultation prior to lodging the application via mobile: 0414 507 734 or email: vayres-wearne@kildonan.org.au**

**Please lodge your application via email:** **hmfvfsp@kildonan.org.au**

Please mark Confidential FVFSP in the subject line

You will receive an acknowledgement of receipt (refer guidelines for approval process, timelines and payment arrangements)

**For any general enquiries about this application, please contact Kristen Dobbie (Family Violence Flexible Support Packages Coordinator) at Uniting Kildonan via 9302 6100**

**---------------------------------------------------------------------------------------------------------------------------------------------**

**FOR OFFICE USE ONLY**

**Checklist**

**Client Eligibility**

[ ] The client has a case management/support plan in place, clearly identifying how the package will support their long term health and well-being

[ ]  The assistance being sought via the package is not available in a timely manner via other available support systems

[ ]  The client’s safety and security needs and independent living goals can be reasonably met through the provision of the package (or will support these in conjunction with other assistance)

[ ]  The victim-survivor has recently left an abusive situation OR

[ ]  The victim-survivor is planning to leave an abusive situation or have the perpetrator removed from the home with appropriate legal sanctions OR

[ ]  The perpetrator is a child-young person and the package will enhance safety and security for the client and those living in the home

**Priority**

[ ] The client is also a RAMP client

[ ]  The client (& any children) is experiencing & being impacted by high risks but is a non-RAMP client

[ ]  Security Measures are required to address current & anticipated high risks