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North East Metro Family Violence Flexible Support Packages

Application Form

This form is to be completed by case workers or support workers who are applying for a family violence flexible support package (FVFSP) on behalf of a client / victim survivor. Please refer to:

1. **Program Requirements for the delivery of Family Violence Flexible Support Packages:**

<https://providers.dhhs.vic.gov.au/program-requirements-delivery-family-violence-flexible-support-packages>

1. **Anglicare Victoria North East Metro FVFSP Guidelines for Professionals:**

Email [flexiblepackages.preston@anglicarevic.org.au](mailto:flexiblepackages.preston@anglicarevic.org.au) or call Anglicare on 8470 9999 or access the link from the NIFVS website [www.nifvs.org.au/resources/brokerage](http://www.nifvs.org.au/resources/brokerage) to obtain a copy

1. **Personal Safety Initiative (PSI) Operational Guidelines (if relevant to the application):**  <https://providers.dhhs.vic.gov.au/personal-safety-initiative-operational-guidelines>

**PART A: Key Information**

**Eligibility**

Criteria **A** - **D** must be met, **and either of** **E**, **F** and **G**: **Yes**

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| 1. A risk and needs assessment aligned with the MARAM framework is required\*\*. For Tier 1 agencies (specialist FV and sexual assault agencies), a Comprehensive risk assessment is required. For Tiers 2 – 4 agencies (other agencies), either an Intermediate OR a Comprehensive risk assessment is required. If the application includes a request for PSI items, a Comprehensive risk assessment is required; **AND** |  |
| 1. The client / victim survivor has a case management plan / support plan in place identifying family violence and how their support needs can be assisted by access to a FVFSP; **AND** |  |
| 1. Safety and security needs and independent living goals can reasonably be met through the provision of a package; **AND** |  |
| 1. Other avenues of support have been fully explored before applying for a FVFSP; **AND** |  |
| 1. The client / victim survivor has recently experienced family violence; **AND / OR** |  |
| 1. The client / victim survivor is escaping an abusive situation; **OR** |  |
| 1. The client / victim survivor is planning to leave an abusive situation or have the perpetrator removed from the home with appropriate legal sanctions in place. |  |

**\*\*** If the agency doesn’t have access to relevant MARAM risk assessment tools, see the following in <https://www.vic.gov.au/maram-practice-guides-and-resources>:

* Responsibility 3: Appendix 6 – Adult Intermediate Assessment Tool.
* Responsibility 7: Appendix 11 – Adult Comprehensive Assessment Tool.

Note: if the support worker is not yet trained to use MARAM, a comprehensive CRAF is acceptable.

The MARAM Practice Guide recommends that all current and new clients have a revised risk assessment and updated safety plan in response to COVID-19 related impacts. See *MARAM Practice Guide – Practice Note Update: Minimum response to victim survivors during COVID-19 period***.** This is to be completed in addition to the Intermediate/Comprehensive risk assessment. See COVID-19 pandemic specific practice guides and resources in <https://www.vic.gov.au/maram-practice-guides-and-resources>.

**Application process**

Does the application include a request for personal safety/security items (PSI)? Choose an item.

A list of the main PSI items can be viewed here:Click to view PSI items

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| IF **NO - PSI ITEMS ARE NOT BEING REQUESTED**,  Complete the Application Form and email it to [flexiblepackages.preston@anglicarevic.org.au](mailto:flexiblepackages.preston@anglicarevic.org.au)**,** together with:   1. Case management plan / support plan. 2. Risk assessment (aligned with MARAM framework). For Tier 1 agencies (specialist FV and sexual assault agencies), a Comprehensive risk assessment is required. For Tiers 2 – 4 agencies (all other agencies), either an Intermediate OR a Comprehensive risk assessment is required. Note: if case worker is not yet trained to use MARAM, a comprehensive CRAF is acceptable. 3. Signed consent from client to provide information to Anglicare FVFSP Program.   The application will be assessed and the outcome emailed to case worker within 1 - 3 business days, depending on all documentation being provided, the application being complete, the risk level and the level of demand. If application is considered ineligible for FSP funding, other services will be suggested. |

IF **YES – PSI ITEMS ARE BEING REQUESTED**:

1. A consult with the PSI Coordinator (at Berry Street) is needed as part of the application process.
2. Recommendations from the consult will be provided to case worker and FVFSP Coordinator.
3. Specific items and funding amounts will then be incorporated into the application.

See table below for each step of the application process when PSI items are being requested:

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| **Step** | **Tasks** |
| 1. | Email the following documents to PSI Coordinator at [northernPSI@berrystreet.org.au](mailto:northernPSI@berrystreet.org.au) to request a PSI consult about safety and security needs, including whether a safety audit is required:   1. PSI consult form. Email PSI Coordinator for a copy of the latest version. 2. A Comprehensive risk and needs assessment aligned with the MARAM framework. 3. Informed written or verbal consent from the client to share information with PSI Coordinator and security professionals. |
| 2. | PSI Coordinator assesses eligibility and suitability of a PSI response in an initial consult with case worker. The recommendation is emailed to the case worker and the FVFSP Coordinator. |
| 3. | **When PSI Coordinator recommends a safety audit:** email **Part A** of FVFSP application form (**not Part B yet**) to [flexiblepackages.preston@anglicarevic.org.au](mailto:flexiblepackages.preston@anglicarevic.org.au) with the following documents (Note: endorsement from supervisor is not required at this stage):   1. Case management plan / support plan. 2. Comprehensive risk and needs assessment aligned with the MARAM framework. 3. Consent from client to share information with Anglicare FVFSP Program.   FVFSP Coordinator assesses the audit recommendation and emails the outcome of the request to the PSI Coordinator and the case worker. If approved, the case worker will arrange for a security provider recommended by the PSI Coordinator to undertake the audit. The audit report and PSI Recommendations are emailed to case worker and FVFSP Coordinator, then case worker completes Step 4 below.  **When PSI Coordinator recommends that an audit is not required:** PSI Recommendations are provided to case worker and FVFSP Coordinator, then case worker completes Step 4 below. |
| 4. | Case worker tasks:   1. Discuss PSI Recommendations with client / victim survivor, who leads decision making regarding items to be requested in the application. 2. Complete Part B of the Application Form, with all items and amounts being requested (PSI items and other items as applicable), including cost of audit if applicable. 3. Email the completed FVFSP Application Form (Part A and Part B including all funding amounts, supervisor’s signature and Application Checklist) to [flexiblepackages.preston@anglicarevic.org.au](mailto:flexiblepackages.preston@anglicarevic.org.au). |
| 5. | FVFSP Coordinator assesses application and emails the outcome to case worker within 1 – 3 business days depending on all documentation being provided, the application being complete, the risk level and the level of demand. |

**General Information**

**Date application submitted:**  Click here to enter a date.

**Name of agency/service applying for FVFSP:**

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| --- | --- |
| **Name of client / victim survivor:** | |
| **Address:** | |
| **Phone:** | **LGA of client residence or LGA where client’s main supports are:**  Choose an item. |

**Is the application for a dependent child? Y**  **N**

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| **Risk category (Priority): (The bracketed terms relate to MARAM definitions)** Choose an item.  **Is the client / victim survivor a current client of RAMP?** Choose an item. |
| **Has client / victim survivor received a FVFSP previously?** Choose an item.  **If Yes, number of previous packages:** |
| **Is a PSI consult required?** Choose an item.  If **Yes**, email the required documents as listed in Step 1 on p 2 of this form to request a consult with PSI Coordinator at [northernPSI@berrystreet.org.au](mailto:northernPSI@berrystreet.org.au).  If **No**, complete Application Form and refer to Section 11 - Application Checklist for list of documents to include with application. Email all documents to [flexiblepackages.preston@anglicarevic.org.au](mailto:flexiblepackages.preston@anglicarevic.org.au). |
| **Office use only Safety audit recommended?** Choose an item.  **Approval date:** Click here to enter a date. **PSI No.:** |
| **Who is the perpetrator of family violence?** Choose an item. |

**Client / victim survivor information**

|  |  |
| --- | --- |
| **Gender:** Choose an item. | **Age:** |
| **LGBTIQ:** Choose an item. | **Aboriginal or Torres Strait Islander:** Choose an item. |
| **CALD:** Choose an item. | **Is the client pregnant?** Choose an item. |

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| **Current housing type:** Choose an item.  **If Other please state type:** | |
| **Disability (of adult client / victim survivor):** Choose an item. | **Mental illness (of adult client / victim survivor):** Choose an item. |
| **Are there issues for the client / victim survivor regarding substance abuse?** Choose an item. | |
| **Source of income:** Choose an item. | |
| **Residency status:** Choose an item. | |

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| **Current Child Protection involvement?** Choose an item. | **Current Police involvement?** Choose an item.  **Intervention Order type:** Choose an item.  **Expiry date:** |
| **Are there current Family Law Court Orders?** Choose an item. | |

**Dependent children**

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| --- | --- |
| **Total number of dependent children:** | **Do one or more children identify as Aboriginal or Torres Strait Islander?**  Choose an item. |
| **Are one or more children from a CALD background?** Choose an item. | **Do one or more children have a disability?** Choose an item. |
| **No. of children in the family who are under school age:** | **No. of children in the family who are from school age up to 18 years:** |

**Impacts of family violence**

In the space below, provide information about:

1. Impacts of family violence on the safety, stability and wellbeing of the client / victim survivor and their children. Include impacts on the children’s development.
2. Impacts of family violence on the family functioning.
3. The pattern of perpetrator behaviour including pattern of coercive control.

**PART B: Funding Options and Items Requested**

**It is expected that other avenues of support have been fully explored before applying for a FVFSP**

Note: FVFSPs cannot be used to replace or duplicate supports available through other funding sources, including other local, State and Commonwealth Government programs.

FVFSPs can be used when:

1. The client / victim survivor is not eligible for other funding options available, OR
2. The available funding sources cannot be provided in a timely manner, OR
3. There is no viable alternative for the needs identified in the case plan.

Note: Some funding sources may provide only part of the assistance required and it’s important to note this.

**Links to the funding options / programs listed are provided in the Appendix to this form.**

*Please be thorough because it assists in applications being processed as quickly as possible.*

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| --- | --- |
| **Funding option / program / service explored** | **Reason/s why it is unsuitable or unable to be provided for the needs identified in the case plan.** *(Or write n/a if none of the funding options are applicable to the needs in the case plan.)* |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |
| **If other funding options not listed above have been explored for the needs identified in the case plan, provide details as to why they are unsuitable or unable to be provided.** *(Or write n/a as appropriate.)* | |
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| **If it is assessed that there are no alternative funding options to explore and there is no viable alternative to applying for a FVFSP, provide details.** |
|  |

**Financial counselling**

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| --- | --- | --- | --- |
| **Is the client / victim survivor linked with a financial counsellor?** Choose an item. | | | |
| **If Yes, what actions have already been taken and what actions are planned?** | | | |
| **If No, has a referral to financial counselling been made?** Choose an item. | | | |
|  | | | |
| **Assistance requested** | | **Description of items/expenditure** |  | **Requested Amount** | |

|  |  |  |  |
| --- | --- | --- | --- |
| Freedom from abuse and violence | Safety & security audit |  | $ |
| Locks and lock changes |  | $ |
| Repairs to broken doors / windows |  | $ |
| Security doors / screens |  | $ |
| Windows / blinds |  | $ |
| Sensor lighting |  | $ |
| Roller shutters |  | $ |
| Landscaping |  | $ |
| Fences and fence repairs |  | $ |
| Mobile phones |  | $ |
| CCTV (camera) |  | $ |
| CCTV (monitoring) |  | $ |
| Personal safety / duress device |  | $ |
| Property alarm |  | $ |
| Other: |  | $ |
| Safe and secure housing | Payment for short-term or emergency accommodation |  | $ |
| Rent payment |  | $ |
| Bond payment |  | $ |
| Mortgage costs |  | $ |
| Suitable and stable housing | Repairs to property damage |  | $ |
| Travel costs to move to a safe location (flights, travel) |  | $ |
| Relocation and moving costs (incl. cleaning previous house) |  | $ |
| Whitegoods |  | $ |
| Furniture |  | $ |
| Household items eg. cutlery, bed linen, etc. |  | $ |
| Utility bills |  | $ |
| Other: |  | $ |
| Adult client's physical and mental health and wellbeing | Medical, pharmaceutical costs not covered by Medicare or PBS |  | $ |
| Disability aids and equipment |  | $ |
| Material needs and aids |  | $ |
| Other health or wellbeing services |  | $ |
| Dependent children’s physical and mental health and wellbeing | Medical, pharmaceutical costs not covered by Medicare or PBS |  | $ |
| Disability aids and equipment |  | $ |
| Material needs and aids |  | $ |
| Other health or wellbeing services |  | $ |
| FV counselling | Adult  Provider: |  | $ |
| Child  Provider: |  | $ |
| AOD counselling | Adult  Provider: |  | $ |
| Child  Provider: |  | $ |
| Participation in learning and education (adult) | Course fees - TAFE, Uni, vocational training |  | $ |
| Books, equipment and material aids |  | $ |
| Support for travel |  | $ |
| Other: |  | $ |
| Participation in learning and education (dependent children) | Kinder/childcare costs |  | $ |
| School/education costs (e.g. Fees, excursions, etc.) |  | $ |
| Books, equipment, uniforms and material aids |  | $ |
| Support for travel |  | $ |
| Other: |  | $ |
| Participation in workforce | Clothing, uniform, tools and equipment |  | $ |
| Training costs |  | $ |
| Support for travel |  | $ |
| Other: |  | $ |
| Financial security and independence | Material needs |  | $ |
| Payment of debts |  | $ |
| Financial counselling Provider: |  | $ |
| Financial services |  | $ |
| Other professional services |  | $ |
| Other: |  | $ |
| Legal and Court costs | Legal services  Provider: |  | $ |
| Court costs  Provider: |  | $ |
| Other: |  | $ |
| Support for social engagement, connection with culture and identity (adult) | Car repairs |  | $ |
| Driving lessons |  | $ |
| Travel card |  | $ |
| Participation in social activities |  | $ |
| Participation in cultural activities |  | $ |
| Participation in sporting activities |  | $ |
| Culturally specific professional services |  | $ |
| Culturally specific services |  | $ |
| Culturally specific activities |  | $ |
| Other: |  | $ |
| Support for social engagement, connection with culture and identity (children) | Travel card |  | $ |
| Participation in social activities |  | $ |
| Participation in cultural activities |  | $ |
| Participation in sporting activities |  | $ |
| Culturally specific professional services |  | $ |
| Culturally specific services |  | $ |
| Culturally specific activities |  | $ |
| Other: |  | $ |
| **TOTAL FUNDING REQUESTED** |  | **$** |

**Expected outcomes for client / victim survivor and their children**

|  |  |
| --- | --- |
| **Outcome indicator (from Assistance Requested section above)** | **Indicate the outcomes the FVFSP is aiming to achieve** |
| Freedom from abuse and violence |  |
| Suitable and stable housing |  |
| Good physical and mental health |  |
| Participation in learning and education |  |
| Participation and contribution to the economy |  |
| Financial security and independence |  |
| Social engagement |  |
| Identification and connection to community |  |

Clearly articulate how provision of the Flexible Support Package is expected to assist your client / victim survivor and their children to achieve their goals and the above outcomes. (Maximum 500 words)

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| **Application Checklist** | **Yes** |
| The application meets the suitability, eligibility and priority criteria as outlined in the *Program requirements for the* *delivery of FV Flexible Support Packages,* the *Anglicare Victoria NE Metro* *FVFSP Guidelines for Professionals* and, if relevant, the *PSI Operational* *Guidelines*. |  |
| The referring agency agrees to undertake the key requirements as listed in the Program requirements, particularly to:   1. Develop a holistic support plan led as far as possible by the recipient of the FVFSP, 2. Regularly review safety plans, 3. Regularly review progress towards achieving the expected outcomes of client / victim survivor and their children, and 4. If appropriate, to refer the client / victim survivor and their children to other relevant services and / or co-case management. |  |
| **A risk and needs assessment (Intermediate or Comprehensive as required) aligned with the MARAM framework is attached with the Application Form**. Note: if the case worker is not yet trained to use MARAM, a comprehensive CRAF is acceptable. |  |
| **The case plan / support plan is attached with the Application Form**. It identifies family violence and states how the support needs can be met by access to a FVFSP:   1. To establish sustainable arrangements that support long-term health and wellbeing. 2. In preventing intervention by Child Protection. 3. In leaving their current family arrangements in which family violence is occurring. |  |
| **A signed agency consent form is attached with the Application Form**. It provides the client’s / victim survivor’s consent to share their information with Anglicare FVFSP Program. |  |
| When PSI items are requested, a PSI consult has been completed & the Recommendations have been provided and incorporated into Part B (Items Requested section) of this form. |  |
| Other possible avenues of support have been fully explored prior to this application for a FVFSP. |  |
| The referring agency purchases approved items, agreeing to provide all receipts & to invoice Anglicare for reimbursement to the agency (this is the preferred method, with a signed MOU between agency and Anglicare), OR provides all tax invoices to Anglicare FVFSP Program for payment of approved items. The referring agency agrees to complete an Impacts and Outcomes Form to complete and finalise the package within 3 months from the FSP approval date. |  |

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| **Case Worker** | |  | **Agency Information** | |
| Name: |  |  | Agency Name: |  | |
| Phone: |  |  | Address: |  | |
| Email: |  |  | Phone: |  | |
| **Endorsement by Supervisor (essential)** | |  |  |  | |
| Name: |  |  |  |  | |
| Position: |  |  |  |  | |
| Signature: |  |  |  |  | |
| Date: |  |  |  |  | |
| Please email completed Application Form and supporting documentation (**in** **bold** **in above Checklist**) to   1. [flexiblepackages.preston@anglicarevic.org.au](mailto:flexiblepackages.preston@anglicarevic.org.au) and write ‘Confidential Application for FVFSP’ in the Subject Line.   The application will be assessed and the outcome emailed to the case worker within 1 - 3 business days, depending on all documentation being provided, the application being complete, the risk level and the level of demand. To discuss any queries please contact the **FVFSP Coordinator** at[flexiblepackages.preston@anglicarevic.org.au](mailto:flexiblepackages.preston@anglicarevic.org.au) or **8470 9999.** | | | | | |

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| **Appendix: Other funding sources / programs**  The DHHS Concessions publication and the Concessions and Benefits link may also be helpful resources: <https://services.dhhs.vic.gov.au/sites/default/files/2020-07/Victorian%20concessions%20-%20detailed%20guide.pdf>  <https://services.dhhs.vic.gov.au/concessions-and-benefits> |
| Big Group Hug – equipment, clothing, items for babies up to preschool aged children <https://biggrouphug.org/> |
| Camps Sports and Excursions Fund (CSEF)  <https://www.education.vic.gov.au/about/programs/Pages/csef.aspx> |
| Centrelink <http://www.humanservices.gov.au/> and <http://www.humanservices.gov.au/customer/subjects/domestic-and-family-violence> |
| Eye care and glasses <https://services.dhhs.vic.gov.au/eye-care-and-glasses> |
| Family Violence Scheme – Fines Victoria <https://www.justice.vic.gov.au/fvs> |
| Financial help for private renters <https://www.housing.vic.gov.au/financial-help-private-renters> |
| Financial Hardship <http://www.moneyhelp.org.au/your-debt-options/hardship-programs/> |
| Gamblers Help <http://www.gamblershelpnnw.org.au/our-services/get-financial-support/> |
| Haven; Home, Safe <https://havenhomesafe.org.au/services/> |
| Housing Establishment Fund <https://www.launchhousing.org.au/service/housing-establishment-fund/> |
| Mobile phones – call 1800 WESNET (1800 937 638) Mon – Fri, 9 am – 5 pm <https://techsafety.org.au/resources/resources-women/> regarding increasing the privacy and security of the client’s existing phone |
| No Interest Loans Scheme (NILS) <https://www.housing.vic.gov.au/no-interest-and-low-interest-loans> <https://www.unitingkildonan.org.au/programs-and-services/financial-support/no-interest-loan-scheme/> <https://stepuploan.org.au/> |
| North Eastern Financial Counselling Program <https://www.unitingkildonan.org.au/programs-and-services/financial-support/financial-counselling/north-eastern-financial-counselling-program/> |
| Northern Healing and Recovery Program (N-HARP) <https://www.nifvs.org.au/n-harp-northern-healing-and-recovery-program/> |
| Queens Fund <https://www.queensfund.org.au/> |
| RentAssist bond loan <https://www.housing.vic.gov.au/rentassist-bond-loan> |
| Rent Assistance <https://www.housing.vic.gov.au/help-renting/rentrelief>  <https://www.housing.vic.gov.au/financial-help-private-renters>  <https://www.housing.vic.gov.au/commonwealth-rent-assistance>  <https://fac.dhhs.vic.gov.au/sites/default/files/2019-11/PRAP%20Guidelines%20revised%202019.pdf>  <https://www.launchhousing.org.au/service/private-rental-programs/>  taapnortheast@kildonan.org Tenancy Assistance and Advocacy Program (TAAP) – for clients living in private rental who need assistance to begin and end a lease, break a lease, make a bond claim, prepare for a VCAT claim, and more |
| State Schools Relief <https://ssr.net.au/> |
| State Schools Relief – Glasses For Kids <https://ssr.net.au/glasses-for-kids/> |
| St Kilda Mums – equipment, clothing, items for babies and children <https://www.stkildamums.org/> |
| Utility Relief Grant (URG) <https://services.dhhs.vic.gov.au/utility-relief-grant-scheme> |
| Victims Assistance Program <https://www.merrihealth.org.au/services/young-adults/victims-assistance-program/> |
| Walter & Eliza Hall Trust <https://www.wehalltrust.org.au/apply-for-assistance> |
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