ABN 57 445 186 811

PO Box 277 Wallsend NSW 2287 Ph: 4950 1566 Fax: 4950 1577

WARLGA NGURRA EXTERNAL SERVICES REFERRAL FORM

Date of referral:

Client's details:

Name:		
Age:	DOB:	
Contact number:	Safe time to call:	
Email address:		
Cultural identity:	 Aboriginal Torres strait islander Both Neither Culturally & linguistically diverse (if ticked complete below) Country of birth Preferred language Is an interpreter required? Yes No Visa type: Citizen status: 	
Address or suburb where client is currently residing:		
Is the client suitable to receive home visits?	Yes No (if no, please provide details)	



ABN 57 445 186 811

PO Box 277 Wallsend NSW 2287 Ph: 4950 1566 Fax: 4950 1577

Details of Children:



□ Yes □ No										
Are DCJ involved: Yes No Unsure Are there any family law orders? Yes No Unsure If there is an ADVO – are the children named on it: Yes No Unsure										
					Please list the child/children's name, date of birth, gender and care arrangements if applicable:					
					DOB & Age	Gender	Who do they reside with			
		2000								
relevant backgroup	d about the childrer	n's circumstances or history:								
	 Yes No Unsure Are there any fami Yes No Unsure If there is an ADVC Yes No Unsure Please list the child arrangements if approximation of the second seco	 Yes No Unsure Are there any family law orders? Yes No Unsure If there is an ADVO – are the children Yes No Unsure Please list the child/children's name, arrangements if applicable:								

ABN 57 445 186 811

PO Box 277 Wallsend NSW 2287 Ph: 4950 1566 Fax: 4950 1577

Current situation:

Housing	Is the client homeless or at risk of homelessness
	Yes INO
	Please tick any that apply to the client's current situation:
	Private rental tenant
	 Hospital inpatient/outpatient Living with friends or relatives
	Sleeping rough
	Owner occupier
	Temporary accommodation Transitional housing
	Hostel or supported accommodation
	Listed on TICA
	 Live on DCJ Housing register Change of circumstance form completed
	Consent to exchange information form completed
	Debts with public or social housing
	D Other:
	Please provide any other relevant background about the client's housing
	circumstances or history:
	205
	0000
	000



ABN 57 445 186 811

PO Box 277 Wallsend NSW 2287 Ph: 4950 1566 Fax: 4950 1577



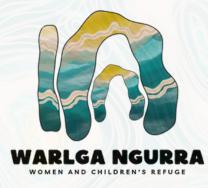
Family and Domestic Violence	Please tick any that apply to the client's current situation: Experiencing family or domestic violence Fled a domestic violence relationship Current ADVO Currently living with perpetrator Completed DVSAT – if yes, what is the DVSAT score: Please complete the following details relating to the perpetrator: Name: Date of Birth: Whereabouts: Please provide any other relevant background about the client's circumstances or history relating to family and/or domestic violence:
Current known risk factors:	Are there any long-term health conditions or disabilities that restrict everyday activities for the woman or children: Yes (please specify) No Unsure Does the client have any known mental health illnesses? Yes (please specify) No Unsure Is the client experiencing substance abuse? Yes (please specify) No Unsure

ABN 57 445 186 811

PO Box 277 Wallsend NSW 2287 Ph: 4950 1566 Fax: 4950 1577

Referrer's details:

Name of referral service:	
Staff member's name:	
Position:	
Contact number:	
Email Address:	
Consent	Has the client provided informed consent to provide this information to Warlga Ngurra?
Are there any other services currently involved:	Yes (please specify) No Unsure
What support are you seeking from Warlga Ngurra?	 In house crisis accommodation Outreach Support Targeted Early Intervention Maali's Journey Other (please specify)



ABN 57 445 186 811

PO Box 277 Wallsend NSW 2287 Ph: 4950 1566 Fax: 4950 1577



Declaration:

I confirm that the details I have provided are true and correct to the best of my knowledge. I confirm the client has consented to this referral being made to Warlga Ngurra Women and Children's Refuge. I am happy to be contacted to provide any further information or clarity if required.

Staff Signature:	Date:
Client Signature:	Date:
OFFICE USE ONLY	
Referral accepted: I Yes I No If no, please explain why	
Allocated caseworker:	