Warlga Ngurra

Women & Children's Refuge

ABN 57 445 186 811

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

WARLGA NGURRA
WOMEN AND CHILDREN'S REFUGE

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)	

Warlga Ngurra

Women & Children's Refuge

ABN 57 445 186 811

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

Details of Children:

Does the client have 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:

Name	DOB & Age	Gender	Who do they reside with

Please provide any other relevant background about the children's circumstances or history:

Warlga Ngurra

Women & Children's Refuge

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 ☐ No 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 ☐ Other: Please provide any other relevant background about the client's housing circumstances or history:

Warlga Ngurra

Women & Children's Refuge

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

Warlga Ngurra

Women & Children's Refuge

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? ☐ Yes ☐ No
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)

Warlga Ngurra

Women & Children's Refuge

ABN 57 445 186 811

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

WARLGA NGURRA
WOMEN AND CHILDREN'S REFUGE

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: ☐ Yes ☐ No If no, please explain why
Allocated caseworker: