





Staying Home Leaving Violence (SHLV) Referral

Servicing the Bankstown, Burwood, Canada Bay, Canterbury, Fairfield, Liverpool and Strathfield LGA's

Please contact SHLV for clarification on referral eligibility if required.

Telephone: 02 9602 7795

Email: <u>shlv@jsc.org.au</u>

Eligibility Criteria – MANDATORY QUESTIONS				
Did the client consent to the referral?	□ Yes □ No (If no, referral cannot be accepted?)			
Is there a current ADVO:	□ Yes □ No (If yes, please provide a copy) NB: If the client is not willing to pursue an ADVO please explain why in the 'Reason for referral' field			
ADVO conditions:	□ 1abc □ 2 □ 3abc □ 4 □ 5 □ 6abcd □ 7ab □ 8abc □ 9abc Metres □ 10 □ 11 □ Provisional □ Interim □ Final			
DVSAT:	Score: (please provide a copy) Serious Threat □ Yes □ No (If yes, referral to local SAM must have been made)			
Referred to SAM:	□ Yes - Date: □ Location: □ N			
Referred by				
Referring Agency:		Referral Date:		
Referrer Name:		Phone:		
Email:				
Client details				
Name:		DOB:		
Residential address:				
Does the perpetrator reside at this address?		□ Yes □ No		
Phone:				
Safe to call & leave voice or text messages?		□ Yes □ No		
If safe to contact only at set times, please specify:				
Email:		Safe to email?		
ATSI	□ Yes □ No □ Not Stated			









Country of birth:		Year of arrival in Au	stralia:	
Migrant/VISA status:				
Language/dialect:				
Proficiency in spoken English:	□ Very well □ Well □ Not well □ Not at all □ Don't know			
Interpreter required:				
Disability/Health/ Mental Health issues:	□ Yes □ No <i>If yes, please describe</i> :			
AOD issues:	□ Yes □ No If yes, please describe:			
Gender Identity:	□ Male □ Female □ Non-binary □ Prefer not to say □ Don't know			
Sexual orientation:	□ Straight □ Lesbian □ Gay □ Bi □ Queer □ Other □ Prefer not to say □ Don't know			
Marital/partnership status:	□ Married □ De-Facto □ Divorced □ Single □ Separated □ Other Length of Relationship:			
Other details				
Household tenure:RentalMortgageHomelessFamily	Household composition (List any other adult members of the household): Name: Relationship:			
□ Other				
□ Other Child Name	Age and Date of Birth	In mother's care	Disability, cognition, or impairment (Inc. mental health) <i>Please specify</i>	
	Age and Date of Birth	In mother's care	impairment (Inc. mental	
	Age and Date of Birth		impairment (Inc. mental	
	Age and Date of Birth	□ Yes □ No	impairment (Inc. mental	
	Age and Date of Birth	□ Yes □ No □ Yes □ No	impairment (Inc. mental	
	Age and Date of Birth	□ Yes □ No □ Yes □ No □ Yes □ No	impairment (Inc. mental	
	Age and Date of Birth	□ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No	impairment (Inc. mental	



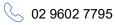




Communities & Justice



Perpetrator Details						
Name:						
Date of Birth:						
Gender Identity:		Relationship to Client:				
ATSI □ Yes □ No	Is this Person known by any other name:					
	If yes, please provide details:					
Current location/address (eg.residential/custody):						
Upcoming court matters (loc	Upcoming court matters (local, family, criminal and civil):					
Presenting issues E.G. mental health, AOD						
Warnings/safety concerns E.G. access to weapons, wanted by Police, OMCG member						
Additional Information						
Does the client have any concern for their safety and the children's safety: □ Yes □ No □ Not Stated <i>If yes, please describe</i> :						
Does the person being refer	Does the person being referred want to remain in their home:					
OTHER SUPPORTS						
Are there any other services	or agencies involved with	the client? <i>Please specify:</i>				











Reason for referral/background of DV history (Note: don't exceed 550 word count)

PLEASE NOTE: If not enough information is provided, the referral may be considered ineligible. This will also avoid the client having to retell their story. Please include all known current risks and support needs.

Explain the case management supports/goals identified/required by the client (Note: don't exceed 400 word count)

