



Safer in the Home Referral Form

Please email completed referral form to saferinthehome@salvationarmy.org.au with subject line '[Client Surname] – New Referral'

Safer in the Home is designed to expand the availability and reach of **basic** safety and security measures that support women and accompanying children who have experienced family violence to remain safely in their homes.

Referrer details

Referred by (Referrer's name, program, and agency)		Referral date	
Phone number			
Email address			

Details of person being referred

Has the person given consent to share information with us for the purpose of this referral? Yes, verbal consent Yes, written consent

Has COVID19 impacted on the referred person's experience of family violence? Yes No

Person's name					
Address					
Suburb		State/Territory			
Date of birth		Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Other	
Phone		Email			
Phone contact safe?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Email contact safe?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency contact					
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specific nature of disability:		
Language and culture	Country of birth		Ethnicity		
	Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred language		
Indigenous identity	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both	<input type="checkbox"/> Neither	
Income source					

Risk assessment

Is the referred person linked in with a specialist family violence support service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the referrer completed a family and domestic violence risk assessment with the referred person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, risk level:	
Is a safety plan in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this referral an agreed action as part of the referred person's case plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Which of the following has the referred person experienced?	<input type="checkbox"/> A recent separation <input type="checkbox"/> An escalation or increase in the severity or frequency of violence <input type="checkbox"/> Strangulation <input type="checkbox"/> Ongoing stalking	

Is an Intervention Order currently in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No, but previously in place <input type="checkbox"/> Never	<input type="checkbox"/> Full <input type="checkbox"/> Limited	Expiry date	
Has the Intervention Order ever been breached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, previous or current breach?		<input type="checkbox"/> Previous <input type="checkbox"/> Current
Has there been Police involvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has a statement been made to Police?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Protection involvement	<input type="checkbox"/> Current involvement <input type="checkbox"/> Previous involvement <input type="checkbox"/> No current or past involvement			
Other services involved				
The property	<input type="checkbox"/> Public housing <input type="checkbox"/> Private rental <input type="checkbox"/> Owner-occupied <input type="checkbox"/> Other _____	Description of property (e.g. isolated, high-rise)		

Who lives at the property?

Name	Date of birth	Relationship to person being referred

Briefly describe the nature of the family or domestic violence (including the relationship with the perpetrator, duration, frequency, most recent act of violence, and the impact of COVID19):

Person's own assessment of their current safety in the home:

Please check that you have done the following before submitting this referral:

- Completed all sections of the form
- Obtained written or verbal consent from the person being referred and indicated as such on the privacy notice below

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We aim to respond to all referral inquiries within one business day.