

Carrie's Place Inc. Referral Form

Please use this form to refer to the following programs of Carrie's Place:

Specialist Homelessness Service (SHS)

Target group: individuals and families who are homeless or at risk of homelessness with barriers to resolving their own homelessness in the Maitland, Cessnock, and Dungog LGA's [accepting clients of all gender identities]

Our specialist homelessness service provides accommodation and outreach support services. This program includes outreach support, as well as some crisis accommodation [female identifying only] and transitional accommodation [accepting clients of all gender identities]. This program involves intake and case management.

Send form to: intake@carriesplace.org.au; Phone 4934 2585 for enquiries

Staying Home Leaving Violence (SHLV)

Target group: Women who have experienced domestic violence in the Maitland, Cessnock, Dungog and Singleton LGAs.

Our SHLV program provides support to women to stay safely in their own home. This may include case management support, safety planning, and security upgrades.

Send form to: intake@carriesplace.org.au; Phone: 4934 2585 for enquiries

Domestic Violence Court Advocacy Service (DVCAS)

Target group: Women who have experienced domestic and family violence – this program covers the following local courts: Maitland, Kurri, Cessnock, Singleton, Muswellbrook, Scone, Dungog and Port Stephens.

Our DVCAS program provides information about AVO's, explains the court process relating to AVO's and related charges, provides support and advocacy at court and within the justice system, refers to other services, and provides assistance to access legal representation in some instances.

Send form to: intakedvp@carriesplace.org.au; Phone 4936 2906 for enquiries

Local Coordination Point (LCP)

Target group: Women who have experienced domestic and family violence in the Port Stephens-Hunter and Hunter Valley Police District Area Commands (see above courts)

Carrie's Place Local Coordination Point responds to referrals from Police and other agencies for women who have experienced domestic or family violence. The LCP offers support and referrals, advocacy and liaison with Police and the justice system, safety planning, and support for immediate needs. Referrals to the LCP can also include referrals for clients who have been assessed to be at Serious Threat and may need to be referred to a Safety Action Meeting (SAM) to coordinate safety actions – please request and complete Safer Pathway referral form for SAM referrals.

Send form to intakedvp@carriesplace.org.au; Phone 4936 2906 for enquiries

Victim's Services Appointments *[women identifying only and being case managed by Carrie's Place]*

Victim's Services appointments are offered at Carrie's Place by an external solicitor. The solicitor offers pro-bono advice, information, and support to apply for Victim's Services.

Send form to info@carriesplace.org.au; Phone 4934 2585 for enquiries

Family Law Appointments *[women identifying only and being case managed by Carrie's Place]*

Family Law appointments are offered at Carrie's Place by an external solicitor. The solicitor offers pro-bono advice, information, referrals, and support in relation to Family Law. This may include support to apply for Legal Aid and at times representation in the instance that the client is eligible for Legal Aid.

Send form to info@carriesplace.org.au; Phone 4934 2585 for enquiries

Group Work

Carrie's Place offers groups including domestic violence education groups. Please contact 4934 2585 to see what is currently running before referring. Send form to info@carriesplace.org.au;

Some of the information requested may not be known to you. Please complete this form with as much information as you have access to. This supports us to triage and reduces incidents of clients having to re-tell their story.

Date: _____

1. Referrer Details:

Full Name: _____ Organisation: _____

Contact Number: _____ Email: _____

2. Client Details

Given Names: _____ Surname Name: _____

Date of Birth: _____

Gender Identity: Female Male Other: _____

Pronouns: She/Her He/Him They/Them Other: _____

3. Client Demographics

Does the client identify as Aboriginal or Torres Strait Islander? (Please select from the following options)

Country of Birth: _____ Year of Arrival in Australia: _____

Culturally and Linguistically Diverse: _____

Main language spoken at home: _____

Other language spoken at home: _____

Does the client prefer to use an interpreter? _____

Does the client identify as LGBTIQ: _____ Different identity: _____

4. Client Contact Details

Contact Number: _____ Email address: _____

Current address/Locality (suburb): _____

Is it safe for us to: (Please tick the relevant options)

- Call
- Leave a voice mail
- Text
- Email
- Post to the address listed

Relationship status: _____

Partner's Information:

First and Last Name	Gender	Date of Birth	Country of Birth	ATSI	Usual Place of residence

Children's Information:

First and Last Name	Gender	Date of Birth	Country of Birth	ATSI	Usual Place of residence

Other significant persons:

First and Last Name	Gender	Date of Birth	Country of Birth	ATSI	Relationship to client

5. Referral for Support

Program referring to: (Please select from the following options)

Accommodation options: (Please select the accommodation options preferred by the client)

- Women and Children's refuge Transitional Accommodation
 Short Term DV accommodation (up to 28 days)

What supports are you providing to this client and will this support continue following the referral?

Primary reason for the referral:

Some of the information requested may not be known to you. Please complete this form with as much information as you have access to. This supports us to triage and reduces incidents of clients having to re- tell their story.

Issue	Comments
<p>Accommodation</p> <ul style="list-style-type: none"> ▪ Does the client have somewhere safe to stay tonight: ▪ How long can the client stay there: ▪ Type of accommodation: ▪ Barriers to resolving own accommodation issues e.g. TICA 	
<p>Domestic Violence</p> <ul style="list-style-type: none"> ▪ Please explain current risk and circumstances: ▪ Perpetrator details: (Full Name and DOB). ▪ Police involvement?: ▪ Date of last incident: ▪ AVO?: 	
<p>Mental Health</p> <ul style="list-style-type: none"> ▪ Condition (diagnosed or undiagnosed): ▪ Treatment plan, if any (including medication): ▪ Treatment compliance: YES/NO ▪ Any current risk to self or others: 	
<p>AOD</p> <ul style="list-style-type: none"> ▪ Current substance use: ▪ Previous History: ▪ If yes, what substance: ▪ When was last use: ▪ Frequency: ▪ Dose: ▪ Any supports in place: 	
<p>Disability</p> <ul style="list-style-type: none"> ▪ Intellectual: ▪ Learning Disorder: ▪ Psychiatric: ▪ Physical: ▪ Other: ▪ Any supports in place: 	

<p>Health</p> <ul style="list-style-type: none"> ▪ Condition (diagnosed or undiagnosed): ▪ Current treatment plan, if any (including medication): ▪ Treatment compliance: YES/NO 	
<p>Financial</p> <ul style="list-style-type: none"> ▪ Type of Income: ▪ Fortnightly amount: ▪ Client's next pay date: ▪ Any debts (please list): 	
<p>Child Protection</p> <ul style="list-style-type: none"> ▪ Current concerns: ▪ FACS involvement: YES/NO ▪ Family Law proceedings/orders: YES/NO 	
<p>Behaviour Concerns</p> <ul style="list-style-type: none"> ▪ History of violence or aggressive behaviour (provide details):YES/NO ▪ Probation and Parole Involvement: ▪ Risk Taking Behaviour: 	
<p>Legal issues</p> <ul style="list-style-type: none"> ▪ Outstanding court appearances ▪ Charges ▪ Family Law 	
<p>OTHER</p> <ul style="list-style-type: none"> ▪ Please include any other relevant information 	

What other referrals have been made for this client?

What other services is the client currently engaged with (include contact details if known):

You may obtain verbal or written consent from the client to make this referral. Please complete below.
Please note, all programs of Carrie's Place Inc. are voluntary.

Written consent from client:

I, _____ (*name*) consent for my information to be sent to Carrie's Place Domestic Violence and Homelessness Services Inc. for the purpose of referral.

Signed: _____ Date: _____

Verbal consent from client:

I, _____ (*referrer*) of _____ (*insert agency name*) obtained the verbal consent of _____ (*insert client name*) for this agency to collect, hold, and send his/her personal information to Carrie's Place Domestic Violence and Homelessness Services Inc. for the purpose of referral.

Signed: _____ Date: _____

COVID-19 PRECAUTIONS:

Please note that service provision will not be denied based on answering yes to any of the below however precautions and some restrictions may be necessary.

Has the client had a COVID 19 test in the last 7 days (including RAT or PRC)? YES NO

If yes, what were the results? _____

Has the client been in contact with a confirmed COVID 19 case in the last 7 days? YES NO

If yes, what kind of contact? _____

Does the client have any cold/flu symptoms including sore throat, coughing, sneezing, fever and shortness of breath? YES NO