

# Request for Support



Carrie's Place Domestic Violence & Homelessness Services Inc.

## Details:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender identity:  Female  Male  Other \_\_\_\_\_  Prefer not to say

Pronouns:  She/ Her  He/ Him  They/ Them  Other \_\_\_\_\_

Were you born in Australia?  Yes  No

**If No to above** - Country of Birth \_\_\_\_\_ Year Arrived in Australia \_\_\_\_\_

## Do you identify as:

Aboriginal  Torres Strait Islander  Both  Neither

Part of the LGBTQI+ Community?  Yes \_\_\_\_\_  No  Prefer not to say

## Contact details:

Phone Number: \_\_\_\_\_ safe to:  Call  Leave message  Text  Not safe

Email: \_\_\_\_\_ Safe to Email:  Yes  No

## Accommodation:

Current address/ Living arrangements: \_\_\_\_\_

Are you safe to stay there?  Yes  No How long can you stay? \_\_\_\_\_

Have you accessed any temporary accommodation?  Yes  No How many nights? \_\_\_\_\_

Has Hume/Compass asked for confirmation of your engagement with Carrie's Place? Yes No

## Support Request:

Domestic/ Family Violence  Homeless  At risk of Homelessness

Other: \_\_\_\_\_

Details: \_\_\_\_\_

Single

Partnered: Partner's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Other family currently with you: Name \_\_\_\_\_ Date of birth: \_\_\_\_\_

Children:  Yes  No Are they currently in your care:  Yes  No

**If yes**, how many children do you have in you care: \_\_\_\_\_ Provide details on page 2. →

Do you have any pets:  Yes \_\_\_\_\_  No

Are you currently working with any other supports/ services?  Yes  No

Details: \_\_\_\_\_

Worker name: \_\_\_\_\_ Date: \_\_\_\_\_

# Request for Support

Carrie's Place Domestic Violence & Homelessness Services Inc.



---

**Childrens' details and/or other family that were not listed on page 1.**

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

Other information:

Email document to [intake@carriesplace.org.au](mailto:intake@carriesplace.org.au)