

Keeping Safe At Home

(SAFETY UPGRADE PROGRAM)

DATE: _____

REFERRED BY:* _____

**name of worker, position and organisation*

CLIENT: _____ D.O.B. _____

CULTURAL BACKGROUND: _____

NUMBER OF CHILDREN: _____ Ages: _____

ADDRESS: _____

SAFE PH No: _____ Safe to leave message ☐

Email: _____

The client is an aggrieved ☐ Is the client a respondent ☐

CONDITIONS OF DOMESTIC VIOLENCE PROTECTION ORDER

☐ Temporary ☐ Final
☐ Ouster ☐ No contact ☐ Other _____

Date of the order granted/...../...20..... Order ends/...../...20.....

Does the client identify an immediate risk? ***e.g. respondent has my keys, I can't lock my doors.....***

.....
.....
.....

Has the client has considered relocating due to the violence?

.....

Housing details:

☐ Own ☐ Private rental ☐ Public housing ☐ Other

If private rental, there may be a need to contact the real estate or owner of the property

Name and contact of Realtor: _____

PLEASE COMPLETE RISK ASSESSMENT OVER THE PAGE

Code: KSAHM-FRM-3	Authorised by: Manager	Date ratified/approved: 11/18	Page 1 of 2
Security Classification: Public		Refer to Policy Review Schedule for next review date	

RISK ASSESSMENT

History

☐ Prior History of Domestic Violence (including un-documented)

Is the client currently experiencing:

- ☐ Threats of Homicide / Suicide
- ☐ Projecting of injury / homicide (**telling you what he can do to you or others**)
- ☐ Obsessive / Possessive Behaviour / Stalking/ Cyber Stalking
- ☐ Attempts at strangulation /choking
- ☐ Violence related to a change in circumstances (**job loss, family bereavement**)
- ☐ Hostage taking
- ☐ Pet Abuse (maim/ kill)
- ☐ Perception of betrayal (**telling you that is your fault**)
- ☐ Constant using 'jealousy' as rationale for the violence
- ☐ Abuse during pregnancy
- ☐ Increase in frequency or severity of violence
- ☐ Violence to children
- ☐ Repeat police call-out
- ☐ Breach of a Domestic Violence Order

Score: ____/15

Was the breach reported to police? YES ☐ NO ☐

What was police response? _____

Was the perpetrator charged? YES ☐ NO ☐

Where is the perpetrator now? _____

Client Signature _____

Client's signature is to consent the referral worker to share information with the KSAH worker, and for KSAH worker to make contact with client.

REFERRAL WORKERS USE ONLY			
What is your professional assessment on the level of immediate risk for this client?	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
CHECK LIST			
ABOVE RISK ASSESSMENT DONE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
SIGHTED DOMESTIC VIOLENCE ORDER	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Office use only REFERRAL ACCEPTED: YES <input type="checkbox"/> NO <input type="checkbox"/> <div style="float: right; text-align: right;">File Number: </div> Reasons:			