**CADA REFERRAL**

**Safety Upgrade**

**Email:** **safetyupgrade@cada.org.au**

**Keeping Safe at Home (KSAH) Keeping Women Safe in the Home (KWSITH)**

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| **DATE** Click or tap to enter a date. |
| **Referred by- Name** Click or tap here to enter text. |
| **Organisation** Click or tap here to enter text. **Position** Click or tap here to enter text. |
| **Client Name** Click or tap here to enter text. **Date of birth** Click or tap to enter a date. |
| **Cultural Identity (**please tick all that apply) Australian [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  South Sea Islander CALD [ ]  Comment: Click or tap here to enter text. |
| **Disability Yes** [ ]  **No** [ ]  **comments** Click or tap here to enter text. |
| **Number of children** Choose an item.**Ages** Click or tap here to enter text. |
| **ADDRESS:** Click or tap here to enter text. |
| **SAFE PH No:** Click or tap here to enter text. **Safe to leave message? Yes** [ ]  **No** [ ]  |
| **Email:** Click or tap here to enter text. **Safe?** **Yes**  [ ]  **No** [ ]  |
| **Client is- aggrieved** [ ]  **person using violence** [ ]  |

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| **CONDITIONS OF DOMESTIC VIOLENCE ORDER** Choose an item.Do you know the location of the person using violence? Yes [ ]  No [ ] Are they mobile (do they have access to a vehicle?) Yes [ ]  No [ ]  **Comment:** Click or tap here to enter text.**Date DVO granted** Click or tap to enter a date. **Order ends** Click or tap to enter a date.**DVO breach Yes** [ ]  **No** [ ] Was the breach reported to police? Choose an item. What was police response? Click or tap here to enter text.Was the perpetrator charged? Choose an item. |

Prior History of Domestic Violence (including un-documented, same partner, different partner)

Comment: Click or tap here to enter text.

Does the client identify an immediate risk? Choose an item.Comment Click or tap here to enter text.

**Is the client currently experiencing any of the following high risk factors?** Please tick all that apply

[ ] Pending separation.

[ ] Separation of less than 6 months.

[ ] Threats to kill.

[ ] Stalking including following, unwanted contact via phone, text or on-line or any other form of surveillance.

[ ] Intimate Partner Sexual Violence: Any forced or unwanted sexual activity that occurs without consent.

[ ] Strangulation: Any attempts to strangle, smother or drown.

[ ] Weapons: Any assaults with a weapon or threats involving weapons. (If yes, please provide details including the type of weapon used).

[ ] Escalation: Any increase in the frequency of the use of violence over the past six months.

[ ] Severity: Any increase in the intensity of violence over the past six months including stalking.

[ ] Coercive control: Pattern of repeated behaviours to dominate and control one’s partner, that may underpin other risk factors and may change or escalate in interaction with other risk factors.

[ ] Injuries: Has anyone been hospitalised because of domestic violence over the past 12 months?

If yes, provide details.Click or tap here to enter text.

[ ] Pregnancy or history of violence by partner during pregnancy

[ ] Children: Any harm to children (including physical, emotional and other harms) or threats to harm children.

[ ] Suicide: Any threats or prior attempts by the perpetrator.

**\* If any high risk factor in the risk assessment is identified, the case must be identified as ‘high risk’.**

**Additional risk factors** Click or tap here to enter text.

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| **Housing Details** Click or tap here to enter text.**Comment** Click or tap here to enter text. **If private rental**-Name of Realtor: Click or tap here to enter text. [ ] Has the client considered relocating due to the violence*?* [ ] Is there adequate lighting?[ ] Do locks need to be changed?[ ] Any other security required? Comment Click or tap here to enter text.[ ] Respondent has keys [ ] Broken windows/doors Comment |

**Client consent given** [ ]

*Note: Client consent is for sharing information with the safety upgrade worker and the contractor. This includes consent to contact the client to complete the home safety audit and for the contractor to call and schedule a time for any upgrades.*

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| ***Referrer to complete the following:***  |
| ***HRT Client*** |  ***YES*** [ ]  ***NO*** [ ]  |
|  ***RISK ASSESSMENT DONE***  |  ***YES*** [ ]  ***NO*** [ ]  |
|  ***DOMESTIC VIOLENCE ORDER***  |  ***YES*** [ ]  ***NO*** [ ]  |
|  ***SAFETY PLAN UPLOADED TO CIVI*** |  ***YES*** [ ]  ***NO*** [ ]  |
| ***COMMENTS Click or tap here to enter text.*** |
| ***Safety Upgrade Office use only*** |
| ***REFERRAL ACCEPTED: YES*** [ ]  ***NO*** [ ] ***Reasons: Click or tap here to enter text.*** ***Eligible for hardship exception Yes*** [ ]  ***No*** [ ] ***Action required*** ***Locks changed*** [ ] ***Solar/security lighting*** [ ] ***Comments* Click or tap here to enter text.** |  ***DEX No: Click or tap here to enter text.*** ***Civi client No:*** *Click or tap here to enter text.* |