



## REFERRAL FORM

The REPAIR Program provides a multimodal therapeutic response to young people who are experiencing or recovering from trauma as a result of family violence.

Please complete and return this form with both the signed Consent and Confidentiality Forms to [repairprogram@aus.salvationarmy.org](mailto:repairprogram@aus.salvationarmy.org) or contact a REPAIR FV Navigator on **03 9417 7495**.

After receipt a Navigator worker will make contact to confirm acceptance, complete Intake/Assessment and plan the next steps.

REFERRER DETAILS			
DATE OF REFERRAL			
CASE MANAGER			
AGENCY			
ADDRESS			
MOBILE NUMBER		WORK NUMBER	
EMAIL			

CLIENT DETAILS			
CLIENT CONSENTS TO REFERRAL	Y / N		
FULL NAME			
ADDRESS			
ADDRESS TO BE DISCLOSED	Y / N		
DOB		AGE	GENDER
MOBILE NUMBER		EMAIL	
PREFERRED METHOD OF CONTACT			
DOES THE YOUNG PERSON HAVE SIBLING/S IN OUT OF HOME CARE?	Y / N		
ABORIGINAL OR TORRES STRAIT ISLANDER	Y / N	CULTRUAL IDENTITY	
		INTERPRETER REQUIRED	Y / N

STATUS OF CLIENT / ORDER DETAILS			
IS THE CLIENT SUBJECT TO A PROTECTIVE ORDER	Y / N	TYPE OF ORDER	<input type="checkbox"/> Interim accommodation order <input type="checkbox"/> Reunification order <input type="checkbox"/> Care by secretary order <input type="checkbox"/> Long term care order <input type="checkbox"/> Permanent care order
CONDITIONS		END DATE	



# REPAIR

## FAMILY VIOLENCE HISTORY

**Has the client witnessed or experienced violence from a family member?**      **Y / N**

### FV SUMMARY

*(The young person's experience of family violence, is it still occurring, how safe does the young person feel in their current environment, what does the young person say about their experience of family violence, who was the perpetrator, describe the impacts of family violence on the young person; i.e. brain, body, emotions, behaviours, relationships, loss etc.)*

### INTERVENTION ORDERS IN PLACE AND CONDITIONS

### ACCESS ARRANGEMENTS

## SUPPORT FACTORS

<b>BEHAVIOURAL CONCERNS</b> <i>(Including risk taking, alcohol or substance use, violence)</i>	<b>Y / N</b>	<b>DETAILS</b>	(Impact, safety and care for client or others)
<b>RISK OF SELF-HARM / SUICIDE</b>	<b>Y / N</b>		
<b>PHYSICAL DISABILITY</b>	<b>Y / N</b>		
<b>COGNITIVE IMPAIRMENT</b>	<b>Y / N</b>		
<b>HEALTH / ALLERGIES /DIAGNOSED MENTAL HEALTH</b> <i>(Details of any prescribed medication and compliancy)</i>	<b>Y / N</b>		

## REASONS FOR REFERRAL

### REASONS FOR REFERRAL TO REPAIR

### WHAT IS THE YOUNG PERSON HOPING TO GET OUT OF THE PROGRAM

## ADDITIONAL INFORMATION