

## REPAIR PROGRAM REFERRAL FORM

The REPAIR Program is a multimodal therapeutic response to young people who are experiencing trauma as a result of family violence. After receiving this referral form, one of our Navigation Workers will contact you for assessment information to determine your client's suitability for the program.

Please complete and return this form (along with your service's EXCHANGE OF INFORMATION CONSENT) to [repairprogram@aus.salvationarmy.org](mailto:repairprogram@aus.salvationarmy.org)

The REPAIR Program can be contacted on **03 9417 7495**

REFERRER DETAILS					
<b>CASE MANAGER</b>					
<b>AGENCY</b>					
<b>ADDRESS</b>					
<b>MOBILE NUMBER</b>		<b>WORK NUMBER</b>			
<b>EMAIL</b>		<b>FAX</b>			
CLIENT DETAILS					
<b>CLIENT INFORMED OF REFERRAL</b>	<b>Y / N</b>		<b>CLIENT CONSENTS TO REFERRAL</b>	<b>Y / N</b>	
<b>FULL NAME</b>					
<b>ADDRESS</b>					
<b>DOB</b>		<b>AGE</b>		<b>GENDER</b>	
<b>MOBILE NUMBER</b>		<b>EMAIL</b>			
<b>CONTACT PERMISSIONS</b>	<b>Voicemail Y / N</b>	<b>Text Y / N</b>	<b>Email Y / N</b>		
<b>PREFERRED METHOD OF CONTACT</b>		<b>DOES THE YOUNG PERSON HAVE SIBLING/S IN OUT OF HOME CARE?</b>	<b>Y / N</b>		
STATUS OF CLIENT / ORDER DETAILS					
<b>IS THE CLIENT SUBJECT TO A PROTECTIVE ORDER</b>	<b>Y / N</b>		<b>TYPE OF ORDER</b>	<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	
<b>CONDITIONS</b>			<b>END DATE</b>		

**FAMILY VIOLENCE HISTORY**

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

**FV SUMMARY**

Empty text area for Family Violence Summary.

**INTERVENTION ORDERS IN PLACE AND CONDITIONS**

Empty text area for Intervention Orders in Place and Conditions.

**BEHAVIOURAL CONCERNS**

<b>BEHAVIOURAL CONCERNS</b>	<b>Y / N</b>	<b>DETAILS</b>	(impact on client or those they are engaged with)
<b>ALCOHOL or SUBSTANCE USE</b>	<b>Y / N</b>		
<b>RISK OF SELF-HARM / SUICIDE</b>	<b>Y / N</b>		
<b>COGNITIVE IMPAIRMENT</b>	<b>Y / N</b>		
<b>MENTAL HEALTH</b>	<b>Y / N</b>		
		<b>MEDICATION</b>	

**REASONS FOR REFERRAL**

**REASONS FOR REFERRAL TO REPAIR**

Empty text area for Reasons for Referral to Repair.

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

Empty text area for What is Young Person Hoping to Get Out of the Program.

**ADDITIONAL INFORMATION**

Empty text area for Additional Information.