**HELEM YUMBA REFERRAL FORM**

*Please send completed referrals to* **Email:** admin@cqhealing.com.au

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| Referring agency | Telephone / Email |
| Contact name(s) | Date |
| Victim name |  | Victim DOB |  |
| Address |  | Aboriginal Y / N Torres Strait Islander Y / N  Gender M / F LGBT Y / N |  |
| Telephone number |  | Safe to call? | *Y / N* |
| Please insert any relev  | vant contact information e.g. times to call, |  |  |
| Alleged Perpetrator(s) name |  | AllegedPerpetrator(s) DOB |  |
| Address Alleged Perpetrator(s) |  | Relationship to victimRelationships status |  |
| Children(please add extra rows if necessary) | DOB | Relationship to victim | Relationship to perpetrator | Address | School(If known) |
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| **Please indicate whether**  |
| **Is the client aware of this referral?** | *Y/N* | **Does the client consent to this referral?** | *Y/N* |

RISK AND NEED INFORMATION

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| **BACKGROUND** *(Please include factors relating to risk and the victim’s or other family needs which will help us identify an appropriate pathway for support)* |
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| **SAFETY/SUPPORT TO DATE** *(Please list actions already taken to address risk and need for the victim and their family)* |
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| **OTHER FACTORS** *(What other information may help us address risk and need? Consider factors relating to added vulnerability such as age, disability, substance misuse, mental health issues, cultural/language barriers on ‘honour-based systems’, geographic isolation and minimisation.)* |
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| **RISK LEVEL****Indicators of risk of harm** | **VULNERABILITY ASSESSMENT****Safety, Social and Emotional/Mental Wellbeing** |
| **LOW -** No significant current indicators of serious harm**MEDIUM -** At risk of harm means there is evidence of a risk to the adult victim and children’s safety and wellbeing. **HIGH**At high risk of serious harm means there is evidence of a serious risk to the adult victim and children’s safety and wellbeing and urgent action is necessary to prevent or lessen the risk. **Risk Level**Choose an item. | **LOW** Perpetrator incarcerated, Safe**MEDIUM-** Safety plan, Not at imminent danger**HIGH -**  No support, No transport, At Risk of homelessness, suicide ideation.**Risk of Vulnerability**Choose an item. |

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| OFFICE USE ONLY |
| Date Received: Date Reviewed: |