**HELEM YUMBA REFERRAL FORM**

*Please send completed referrals to* **Email:** [admin@cqhealing.com.au](mailto:admin@cqhealing.com.au)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |  | | | Alleged  Perpetrator(s) DOB |  |
| Address Alleged Perpetrator(s) |  | | | Relationship to victim  Relationships 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: |