

Warlga Ngurra

Womans & Childrens Refuge

ABN 57 445 186 811
 PO Box 277 Wallsend NSW 2287
 Ph: 02 40645900
 Fax: 02 40645999



Initial Referral Information

Please email all completed referrals to – info@warlgangurra.org.au

All referrers will be notified once referral has been received and accepted or declined.

Name			
Address			
Contact Number		Choose an item.	
When is it safe to call			
DOB/Age			
Gender			
Origin	Choose an item.		
Country of Birth	Choose an item.		
Language	Choose an item.	Interpreter Choose an item.	
Income	Choose an item.	Choose an item.	
Previously Lived in a Refuge	Choose an item.		
What is the clients threat level	Choose an item.	DVSAT Score	/25

Please remember to attach a copy of the DVSAT

Referred by:	
Contact Number/Email	
Organisation	
Relationship to client	
Did the client accept the referral	Choose an item.
Date of the referral	Click or tap to enter a date.

Perpetrator Name	
Perpetrator DOB	

Warlga Ngurra Women and Children's Refuge Inc Updated January 2018

Current Whereabouts	
Relationship to client	

Can we contact the client directly to conduct our risk assessment and common assessment tool? Choose an item.

Is the client responsible for any dependent children?	Choose an item.
Do they live with the client currently?	Choose an item.
Is there any risk-taking or self-harm behaviour?	Choose an item.
Has the client ever been incarcerated?	Choose an item.
Are FaCS/CS involved?	Choose an item.

Name	DOB/Age

Family Support networks. Where do they live and what is the relationship?

Does the client have any Family Law orders (Elaborate briefly in Notes)	Choose an item.
Has the woman experienced domestic or family violence	Choose an item.
Has the relationship ended	Choose an item.
Does the client wish to reconcile the relationship	Choose an item.
Is the client currently living with the perpetrator	Choose an item.
Has the perpetrator been incarcerated for domestic/family violence	Choose an item.

History of the most recent Accommodation; is the client currently a

Housing NSW Tenant	Choose an
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		item.
Private Rental Tenant		Choose an item.
Hospital Inpatient/outpatient	Choose an item.	Choose an item.
Living with friends or relatives		Choose an item.
Sleep rough		Choose an item.
Prison/Post Release	Released Date Click or tap to enter a date.	Choose an item.
Owner Occupier		Choose an item.
Temporary accommodation		Choose an item.
Transitional Housing		Choose an item.
Hostel or Supported accommodation		Choose an item.
Other		Choose an item.

Is the client suitable to receive home visits Choose an item.

If No, Give Details

History/Background

Reason for Referral/seeking accommodation/support