



Safer in the Home Referral Form

Please email the completed referral form to saferinthehome@salvationarmy.org.au with subject line '[Client Surname] - Referral'.

To allow us to process your referral as quickly as possible, all sections of the form must be completed.

If you are referring from a specialist family violence service, the most current risk assessment and safety plan must be attached at time of referral.

Safer in the Home is designed to expand the availability and reach of basic safety and security measures that support women and accompanying children who have experienced family violence to remain safely in their homes.

Referrer details

Referred by

(Referrer's name, program, and agency)

Referral date

Phone number

Email address

Details of person being referred

Has the person given consent to share information with us for the purpose of this referral?

Yes, verbal consent

Yes, written consent

Has COVID-19 impacted on the referred person's experience of family violence?

Yes

No

Person's name

Address

Suburb

State/Territory

Postcode

Date of birth

Gender

Female

Other

Phone

Email

Phone contact safe?

Yes

No

Email contact safe?

Yes

No

Emergency contact

Disability

Yes

No

Specific nature of disability

Language and culture

Country of birth

Ethnicity

Interpreter required?

Yes

No

Preferred language

Indigenous identity

Aboriginal

Torres Strait Islander

Both

Neither

Income source

Risk assessment

Is the referred person linked in with a specialist family violence support service?	Yes	No
Has the referrer completed a family and domestic violence risk assessment with the referred person? <i>MARAM risk assessment tool (TRAM) is to be applied by SITH if no other risk assessment has been applied.</i>	Yes <i>If yes, risk level:</i> At risk - Level 3 (lowest) Elevated risk - Level 2 Serious risk - Level 3 (highest)	No
Is a safety plan in place?	Yes	No
Is this referral an agreed action as part of the referred person's case plan?	Yes	No
Which of the following has the referred person experienced?	<ul style="list-style-type: none"> A recent separation An escalation or increase in the severity or frequency of violence Strangulation Ongoing stalking 	
Is an Intervention Order currently in place?	<ul style="list-style-type: none"> Yes No, but previously in place Never 	<ul style="list-style-type: none"> Full Limited <p>Expiry date</p>
Has the Intervention Order ever been breached?	<ul style="list-style-type: none"> Yes No 	<p>If yes, previous or current breach?</p> <ul style="list-style-type: none"> Previous Current
Has there been Police involvement?	<ul style="list-style-type: none"> Yes No 	<p>Has a statement been made to Police?</p> <ul style="list-style-type: none"> Yes No
Child Protection involvement	<ul style="list-style-type: none"> Current involvement Previous involvement No current or previous involvement 	
Other services involved		

Who lives at the property?

Name	Date of birth	Relationship to person being referred
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Briefly describe the nature of the family or domestic violence (including the relationship with the perpetrator, duration, frequency, most recent act of violence, and the impact of COVID-19)

Tenancy type	Property details	Tech safety concerns
Public housing	High-rise apartment	Yes - devices
Community housing	Share house	Yes - house
Private rental	Remote community	Yes - car
Owner-occupied	Gated community	No
Other:		

Person's own assessment of their current safety in the home (main home security and tech concerns, existing home security features (e.g. security doors), self-assessment of current risk)

Please check that you have done the following before submitting this referral:

Completed all sections of the form

Obtained written or verbal consent from the person being referred and indicated as such on the privacy notice below

Please email completed referral form to saferinthehome@salvationarmy.org.au with subject line '[Client Surname] – New Referral'

We aim to respond to all referral inquiries within one business day.

If you have any questions about eligibility or submitting a referral, please call 0418 157 102.

