

Staying Home Leaving Violence | Blacktown LGA

The Staying Home Leaving Violence (SHLV) program provides casework to women who:

* Are over the age of 18
* Have separated from a violent partner or family member
* Do not live with the perpetrator
* Live in the Blacktown LGA

The SHLV model is based on intensive casework that is needs-based, person-centred and integrates key agencies, networks and organisations. We offer interventions to address immediate and ongoing safety concerns faces by women and their children including:

* Information and referrals
* Advocacy
* Group Work
* Safety Planning
* Risk Assessment
* Application for funding for Safety and Security
* Home Security Audits

The service conducts safety assessments and works on safety plans with clients throughout the support period, tailored to their individual circumstances.

Security enhancements are assessed on a case by case basis and offered when indicated as necessary following a safety audit. This may include relocation and tenancy support, safe phones, technological support such as SOS devices, safety/security upgrades, lock changes and sensor lights.

SHLV provides practical and emotional support that is centre-based, and may also offer home visits. Clients can also be assessed for Work and Development Orders if applicable.

Please return the form via email to [shlvreferrals@washhouse.org.au](mailto:shlvreferrals@washhouse.org.au)



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| --- | --- | --- | --- |
| Referrer Details | | | |
| Name | Click or tap here to enter text. | Work Phone | Click or tap here to enter text. |
| Organisation | Click or tap here to enter text. | Mobile | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | Email | Click or tap here to enter text. |

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| Eligibility Criteria | | | |
| Do they live in a suburb within Blacktown Council/LGA? | Yes  No | Have they experienced intimate partner or family violence? | Yes  No |
| Do they live with the perpetrator? | Yes  No | Are they aged 18 years or older? | Yes  No |
| How long have they been separated? | Click or tap here to enter text. | | |
| Is the Perpetrator in custody? | Yes  No | | |
| Perpetrator’s relationship to client? | Click or tap here to enter text. | | |
| Perpetrator’s Name | Click or tap here to enter text. | | |
| Perpetrator’s D.O.B? | Click or tap to enter a date. | | |
| Perpetrator’s Address? | Click or tap here to enter text. | | |
| Has the client consented to this referral? | Yes  No | | |

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| Client Details | | | | | |
| Name | Click or tap here to enter text. | | | Date of Birth | Click or tap to enter a date. |
| Address | Click or tap here to enter text. | | | | |
| Phone | Click or tap here to enter text. | Email | | Click or tap here to enter text. | |
| Cultural Background | Click or tap here to enter text. | Country of Birth | | | Click or tap here to enter text. |
| Language Spoken | Click or tap here to enter text. | Date arrived in Australia | | | Click or tap to enter a date. |
| Interpreter needed? | Yes  No | LBGTQIA+ | | | Yes  No |
| Aboriginal  Torres Strait Islander  Both  Neither | | | | | |
| Do you have a disability? | Yes  No | |  | | |
| If yes, is a NDIS plan in place? | Yes  No | |  | | |
| Can we contact your Support Co-ordinator? | Yes  No | | Contact person Click or tap here to enter text. | | |
| Current Housing Situation | Click or tap here to enter text. | | | | |
| When and how is it safest way to contact? (e.g. text before calling)  Click or tap here to enter text. | | | | | |

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| Children’s Details | | | | |
| Child’s name | Gender | DOB | Who do they live with? | DCJ involved? |
| Click or tap here to enter text. | Male  Female | Click or tap to enter a date. | Click or tap here to enter text. | Yes  No |
| Click or tap here to enter text. | Male  Female | Click or tap to enter a date. | Click or tap here to enter text. | Yes  No |
| Click or tap here to enter text. | Male  Female | Click or tap to enter a date. | Click or tap here to enter text. | Yes  No |

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| --- | --- |
| Legal | |
| Is there a current Apprehended Violence Order (AVO) in place/ conditions /numbers stated? | Yes  No  Please attach |
| Are there any other relevant criminal charges or matters before a court? | Yes  No  Please attach |
| Has a DVSAT been completed? | Yes  No  Please attach |

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| --- | --- |
| Support Required | |
| a/ The reason staying home leaving violence support is required?  Click or tap here to enter text.  b/ What support would you like from the W.A.S.H House?  Click or tap here to enter text.  c/Has EVP or VS been applied for already? If yes, how much was approved and what did the client utilise this payment for?  Yes  No  Click or tap here to enter text.  d/ Brief history of the abuse that has occurred/dates and any event numbers?  Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PLEASE NOTE:  The W.A.S.H House does not have funding for cameras. We access brokerage through Wesley Mission and Victim Services. \*Cameras will not be installed until payment has been made. | |
| Client Strengths | Click or tap here to enter text. |
| Are there any other services involved? | Click or tap here to enter text. |
| Service/s name and contact number: | Click or tap here to enter text. |

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| Date Referral Completed: | Click or tap to enter a date. |

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