HAVEN
Mid-South Refuge

REFERRAL FORM

PLEASE ANSWER THE FOLLOWING QUESTIONS TO PREVENT REFERRAL BEING RETURNED FOR INFORMATION NOT SUPPLIED

DATE:

Referrer Name:_____ Referrer Organisation:_____

Referrer Phone:_____ POLICE ID NUMBER: _____

Client Name:_____ Client DOB:_____

Client Phone:_____ Client Address:_____

Client email address:_____

Does the person you are referring agree to this referral: ☐ Yes

Is it safe to text or leave a message on phone provided by the client ☐ Yes ☐ No

What type of Support Needed ***(FV = Family Violence SV = Sexual Violence)***

☐ FV Specialist/Advocate ☐ SV Specialist ☐ FV Tamariki Safety Programme

☐ Safe House ☐ FV Adult Safety Programme ☐ SV Court Support ☐ Advice & info

Is there Family Violence or Sexual Violence: ☐ Yes ☐ No ☐ N/A _____

Are they in immediate danger and/or fear for their safety: ☐ Yes ☐ No ☐ N/A ***If Yes****, do they have somewhere to go*: _____

Do you know where the abuser is currently located: ☐ Yes ☐ No ☐ N/A _____

Do they have any family or friends that they can stay with or support them in the area: _____

_____

Is this Family Violence or Sexual Violence CURRENT ☐ or HISTORIC ☐

Is there a Protection Order in Place: ☐ Yes ☐ No ☐ N/A ***If yes****, who is included on it?*_____

_____

Have they been strangled or possible head injury within the last 24 hours: ☐ Yes ☐ No ☐ N/A ***If yes****, have they been medically cleared:* _____

What support services are involved currently ***i.e. MSD, Kainga Ora etc***.: _____

_____

Are there any criminal charges pending/criminal history that we need to know about:

☐ Yes ☐ No ☐ N/A _____

If this is a police sexual violence referral, please provide the following information:

Police File number: _____Date of Tier 3 interview: _____

Police Officer Name: _____Station: _____

Please send completed form through to office@scwr.co.nz phone 0800 00 77 50

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Do they require accommodation to keep safe from this Crisis Situation:
☐ Yes ☐ N/A _____

Are there any children involved and are at immediate risk: ☐ Yes ☐ No

Name:_____D.O.B_____
Name:_____D.O.B_____
Name:_____D.O.B_____

Are there any known gang affiliations/connections that would put others at risk in the safe house: ☐ Yes ☐ No ☐ N/A _____

Are there any cultural, language or accessibility needs required: ☐ Yes ☐ No ☐ N/A

_____

Are there any known mental health or physical health conditions or disabilities diagnosed or undiagnosed:_____

Condition: _____Condition: _____Condition: _____

Condition: _____Condition: _____Condition: _____

Are they on medications/what are they/have they been taking them and do they have access to these: ☐ Yes ☐ No ☐ N/A Med: _____Med: _____

Med: _____Med: _____Med: _____

Are there any Addiction issues: ☐ Yes ☐ No ☐ N/A i.e. Abuse, Binge, Dependence, of any of the following alcohol, prescription meds, meth, cannabis, cocaine or something else: _____

_____

_____

Do they have access to funds: ☐ Yes ☐ No ☐ N/A _____

Do they have a vehicle/transport: ☐ Yes ☐ No ☐ N/A _____

BACKGROUND INFORMATION/ISSUES: (feel free to add another page)