100 Drummond Street
Carlton Victoria 3053
[03] 9663 6733

Drummond Street Services

Queerspace Family Violence Response Referral Form

To enhance family violence assessment and safety management, client referrals to Drummond Street Services, Queerspace Family Violence Response Programs, require services to fill out this referral form.

Queerspace FV Response has two programs open to external referrals:

- **With Respect** is a case management support program for anybody identifying as LGBTQIA+ who has experienced family violence.
- **Futures Free From Violence** is a support program for women, trans and gender diverse people who have used harm and/or force in family settings and provides group and individual interventions to address this behaviour.

The Queerspace Family Violence Response is prescribed under FVISS and CISS as an ISE and RAE and engage in active information sharing and collaborative practices.

Send us an email or contact us on 03 9663 6733 for any related queries or email this completed form to
queerspacefv@ds.org.au

PROGRAM
Referral for the following program: ☐ With Respect ☐ Futures Free From Violence
Client Consent
Yes, I (client name) Click or tap here to enter text. give consent for (name of referrer) Click or tap here to enter text. to share my/my family's information with Drummond Street Services for the purpose of a referral to the service. Signature Date: Click or tap to enter a date. Client Name: Click or tap here to enter text. Signature: _____☐Verbal Consent
☐Yes, I have discussed this referral with my client. Signature date: Click or tap to enter a date. Referrer's Name: Click or tap here to enter text. Referrer Signature_____ *To use the referrer signature field, right click on the signature box and select 'Sign'

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Drummond Street Services

REFERRER DETAILS	
Name	Click or tap here to enter text.
Position	Click or tap here to enter text.
Agency Name	Click or tap here to enter text.
Contact Phone	Click or tap here to enter text.
Contact Email	Click or here to enter text.
Role in working with the client/family currently	Click or tap here to enter text.
Will you continue working with the client/family? ☐ **Yes** ☐ **No** **Details** Click or tap here to enter text.	
Presenting issues for client/family *Describe issues, including onset and duration*	Click or tap here to enter text.
What support is the client seeking?	Click or tap here to enter text.
What are you, the referrer, seeking from the referral? *Describe the aim of the referral, including any specialist support being sought.*	Click or tap here to enter text.

CLIENT CONTACT FOR REFERRAL	
Name	Click or tap here to enter text
Is the client known under a different name	Click or tap here to enter text
Pronouns	
Contact Number	Click or tap here to enter text
Contact Email	Click or tap here to enter text
Is it safe to use this number	☐ **Yes** ☐ **No**
Is this a shared phone	☐ **Yes** ☐ **No**
Can we send a text	☐ **Yes** ☐ **No**
Can we send an email	☐ **Yes** ☐ **No**
Can a voicemail be left	☐ **Yes** ☐ **No**
What is the best day and time to contact	☐ **No Preference** ☐ **Time:** Click or tap here to enter text ☐ **Day (s):** Click or tap here to enter text
Interpreter required?	☐ **Yes** ☐ **No**
Preferred language or languages (place in order of preference). If it is a specific regional dialect, please specify Click or tap here to enter text.	

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CLIENT details								
Gender	Cis woman ☐	Transwoman ☐	Nonbinary ☐	Brotherboy ☐				
	Cis man ☐	Transman ☐	Gender Queer ☐	Sistergirl ☐				
	Gender Questioning ☐	Trans unspecified ☐	Agender ☐					
	Other ☐	Not stated ☐	Prefer not to say ☐					
Intersex variation	Yes ☐	No ☒	Unsure ☐					
Sexuality	Aromantic ☐	Heterosexual ☐	Questioning ☐	Prefer not to say ☐				
	Asexual ☐	Lesbian ☐	Same sex attracted ☐	Other ☐				
	Bisexual ☐	Pansexual ☐	Unknown ☒					
	Gay ☐	Queer ☐	Do not identify with any ☐					
DOB	Click or tap here to enter text							
Address	Click or tap here to enter text							
Does the client have safe accommodation	Click or tap here to enter text							
Main language at home	Click or tap here to enter text							
Country of birth	Click or tap here to enter text							
Aboriginal or Torres Strait Islander	Aboriginal ☐	Torres Strait Islander ☐	Both ☒	Neither	Prefer not to say ☐			
Relationship status	De Facto ☐	De Facto Separated ☐	Divorced ■	Separated not divorced ☑				
	Married ☐	Single ■	Self-described: ■	Polyamorous ■				
Highest Level of Education	Click or tap here to enter text							
Main source of income	Click or tap here to enter text							
Is there additional information that enables us making this a more accessible experience for the client?	Click or tap here to enter text							

Children		
Does the client(s) have children in their care or household?	☐ **Yes**	☐ **No**
Is the client pregnant?	☐ **Yes**	☐ **No**
Is DFFH Child Protection Services involved?	☐ **Yes**	☐ **No**
Is there a current Child Protection Order?	☐ **Yes**	☐ **No**
Are there current parenting orders?	☐ **Yes**	☐ **No**

Details
Click or tap here to enter text.

☐ **Documentation / report attached to referral**

☐ **No documentation available to referrer**

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Significant Others							
Relationship (partner, parent, child, etc)	Name	Date of Birth	Gender / sexuality	Address	Phone number	Family Violence Concerns	Services involved
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	
						☐ Yes ☐ No	

Drummond Street Services

Family Violence Information

Living arrangements

☐ **Living with each other**

☐ **Additional information about housing and living arrangements**

Details Click or tap here to enter text.

Risk of Misidentification? ☐**Yes** ☐**No**

Details Click or tap here to enter text.

Completed MARAM(s) attached to referral
- ☐ Brief
- ☐ Intermediate
- ☐ Comprehensive

Assessed level of risk as per MARAM
- ☐ At Risk
- ☐ Elevated Risk
- ☐ Serious Risk

Completed Safety Plan attached to referral
- ☐ Brief
- ☐ Intermediate
- ☐ Comprehensive

Completed Predominant Aggressor Assessment Tool Attached
- ☐ Yes
- ☐ No
- ☐ Not applicable

Has Victoria Police been involved
- ☐ No
- ☐ Yes:

  Number of L17's
  - ☐ Documents attached to referral
  - ☐ Not available to referrer

Is there a pending court date
- ☐ No
- ☐ Yes:

Details: Click or tap here to enter text.

Are any Legal Orders in place:

- ☐ IVO
  - ☐ Documents attached to referral
  - ☐ Not available to referrer
- ☐ Family Safety Notice
  - ☐ Documents attached to referral
  - ☐ Not available to referrer
- ☐ Community Corrections Order
  - ☐ Documents attached to referral
  - ☐ Not available to referrer
- ☐ Other

  Details Click or tap here to enter text.
  - ☐ Documents attached to referral
  - ☐ Not available to referrer

Drummond Street Services

Factors impacting on family health and wellbeing:	Historical:	Current:	Details:
Adult mental health symptoms and/or diagnosis	☐**Yes** ☐**No**	☐ **Yes** ☐ **No**	
Self-Harm	☐Yes ☐No	☐ **Yes** ☐ **No**	
Suicidal Ideation	☐Yes ☐No	☐ **Yes** ☐ **No**	
Aggressive / unpredictable behaviour	☐Yes ☐No	☐ **Yes** ☐ **No**	
Emotional, behavioral or mental health symptoms in child	☐**Yes** ☐**No**	☐**Yes** ☐ **No**	
Failure to attend school and/or disengagement	☐**Yes** ☐**No**	☐**Yes** ☐ **No**	
Financial Hardship	☐**Yes** ☐**No**	☐**Yes** ☐ **No**	
Homelessness	☐**Yes** ☐**No**	☐**Yes** ☐ **No**	
Interpersonal difficulties in child	☐**Yes** ☐**No**	☐**Yes** ☐ **No**	
Parenting difficulties	☐**Yes** ☐**No**	☐**Yes** ☐ **No**	
Physical health concerns in child	☐**Yes** ☐**No**	☐**Yes** ☐ **No**	
Recent stressful event	☐**Yes** ☐ **No**	☐**Yes** ☐ **No**	
Social isolation of family and/or lack of community connections	☐**Yes** ☐**No**	☐**Yes** ☐ **No**	
Consumption of alcohol and or other drugs	☐**Yes** ☐**No**	☐**Yes** ☐ **No**	
Additional risk factors such as violence or abuse by community or systems	☐**Yes** ☐**No**	☐**Yes** ☐ **No**	
Does the client have disabilities? If so, which?	☐Yes ☐No	☐**Yes** ☐ **No**	

Other Services Involved			
Agency	Name	Phone number	Email

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