Domestic Violence Intake Referral Form

Core Community Services
Corner of Railway Parade & McBurney Road, Cabramatta NSW 2166
02 9727 0477

Please redirect referrals to the following email address:
dv@corecs.org.au
For further information, please contact Head Office at 02 9727 0477 or info@corecs.org.au

Referrer Details:

Contact Name: _____

Organisation: _____

Phone: _____ Email: _____

Client Details

Name: _____ Phone: _____

DOB: _____ **Must be aged 16-25 years to be eligible for Liverpool Service**

Does the client currently live in Fairfield LGA or Liverpool LGA?

☐Yes ☐ No (Not Eligible)

Address: _____

Consent to be contacted: ☐ Yes ☐ No

Interpreter Required: ☐ Yes ☐ No

If yes, which language? _____

Date of arrival to Australia: _____

Visa Subclass: _____

Perpetrators Information (Optional)

Name: _____

Relationship:

☐ Intimate Partner ☐ Sibling

☐ Former Partner ☐ Parent

☐ Son / Daughter

Is the client at serious risk?

☐ Risk of Harm ☐Homeless ☐Financial Crisis ☐Other _____

Is this case Domestic Violence related?

☐Yes (Please Provide Details) ☐ No (Not Eligible)

_____

_____

_____

_____

Is the client a victim or a perpetrator?

☐ Victim ☐Perpetrator

Is the client currently connected to a different service (Y/N)?
If Yes, which organization and what type of service are they receiving from them?

_____

_____

_____

What type of assistance do they require from our organization?

_____

_____

_____