

Referral for Brisbane Domestic Violence Service Children and Young People's Program (CYP)

** This form is **interactive** and can be completed digitally or written by hand. Please complete and email to cyp_referrals@micahprojects.org.au

Referring agency details

Name of Referring Agency _____

Name of Referring Worker _____

Phone _____ Email _____

A referral has been made to BDVS Yes No Date of referral ____ / ____ / ____

Has the primary carer given consent to refer their child/ren to the service? Yes No

Primary reason for requesting assistance:

Primary care giver details

Full name _____ Other nicknames _____

DOB/Age ____ / ____ / ____ Gender M F Other _____

Indigenous identity Aboriginal Torres Strait Islander Both Neither

Country of birth _____

Preferred language _____ Interpreter required Yes No

Migration status Citizen Permanent resident Work/Student Visa Other

If other please detail _____

Disability or developmental delay Yes No Unknown

If yes please detail _____

Brisbane Domestic Violence Service

PO Box 3449, South Brisbane Q 4101

Ph 07 3217 2544 | Fax 07 3013 6090

bdvs.org.au | bdvs@micahprojects.org.au

micahprojects.org.au

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MICAH PROJECTS

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Queensland
Government

Current address _____ Postcode _____

Phone _____

Email address _____

Is it safe to Phone Y N Text Y N

Voicemail Y N Email Y N

Is this family interested in participating in group work? Mother Y N Child/ren Y N

Is the primary care giver currently experiencing or has experienced domestic and family violence?

If yes – are they receiving support or is support required?

Perpetrator's details

Full name _____ Other nicknames _____

DOB/Age ____ / ____ / ____ Gender M F Other _____

Indigenous identity Aboriginal Torres Strait Islander Both Neither

Is the perpetrator the father of the child/ren? Yes No Specify _____

Please detail current contact between perpetrator and the children

	Full name	Date of birth	Age	Gender
Child one		/ /		
Child two		/ /		
Child three		/ /		
Child four		/ /		
Child five		/ /		



	Child one	Child two
Caregiver relationship to child		
Perpetrators relationship to child		
Does this child identify with any cultural groups?		
Does this child have a disability? Please specify		
Has the child reached developmental milestones?		
Where is the child now and with whom?		

	Child three	Child four	Child five
Caregiver relationship to child			
Perpetrators relationship to child			
Does this child identify with any cultural groups?			
Does this child have a disability? Please specify			
Has the child reached developmental milestones?			
Where is the child now and with whom?			

Within the next section of the referral it is essential that you provide as much information as known to allow for accurate assessment of risk and prioritisation of service – Referrals with this section not complete will not be accepted and passed back to the refer for further information.

Please detail Family Law Court orders / Domestic Violence orders / Child Protection orders / other

Initial assessment

Risk indicators identified	Child one	Child two	Child three	Child four	Child five
Child is unborn and mother is at risk of DFV					
Perpetrator has made threats against child					
Child has supervised/unsupervised contact with perpetrator					
Child is self-harming					
Child has experienced physical abuse					
Child has experienced emotional abuse					
Child has experienced verbal abuse					
Child has heard, witnessed or intervened in the violence					
Child is under 6 years or has a disability					

Professional concerns over DFV impact to child/ren

Caregiver concerns over DFV impact to child/ren

Safety planning

Child/ren are included in adult victim's safety plan? Yes No

If yes please attach to this referral form.

Separate safety plan has been done for child/ren? Yes No

If yes please attach to this referral form.

Safety plan needed for child/ren? Yes No

Please keep in mind CYP support for families might not be suitable if DFV is fairly recent, if there is still safety risks present for the family or if carers/children are not emotionally/mentally ready.

Co-case management requirements

Often cases that are referred into the children's and young person's program, have supports in place from other services. In order to ensure there is no duplication and that the goals of the CYP program meet expectations, please detail below current case management intervention.

Person/agency responsible *ie: IFS, Docs, FACC, etc	Goal (the needs/issues being addressed through current support plans including dates of any stakeholder meetings.



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Goals identified to be achieved through support from BDVS CYP Program

What happens next?

A Children and Young People’s (CYP) Worker will endeavor to contact you shortly to let you know the outcome of the referral. As part of this process an intake will be completed with the primary care giver and they will be contacted using a withheld number, if we identify it is safe to do so.

Please don’t hesitate to contact the BDVS team on (07) 3217 2544 or email: cyp_referrals@micahprojects.org.au to contact a worker if you have any questions.

Thank you for your referral.