

## Aviva External Referral Form

Please note the primary criteria for our engagement is family or domestic violence as defined by the Domestic Violence Act, physical, emotional, sexual, psychological, or financial. If your referral is for a man using violence, please use our ReachOut referral form which can be accessed from our website or via our support line (website link).

### Referrer Details:

Police:  CYF:  Refuge:  MOJ:  SASSC:  Hospital:  Other: \_\_\_\_\_

Organization: ..... Date: .....

Referrer name: ..... Phone: .....

Email: .....

Reason for Referral: *Brief summary or attach documentation*

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### Client information

Client Name: .....

Phone: ..... Email: .....

Ethnicity: ..... Iwi/ Hapu: .....

Can a message be left? Yes:  No:

Address: .....

Who is the person responsible for the abuse? .....

Relationship to client: .....

Have they had previous Aviva/Refuge contact? If Yes Who: .....

### Children information

Name:	Ethnicity	Age	M / F	Who do they live with?	Orders

### Safety

Are there any current Safety Issues?

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**Orders (Already in place)**

Parenting Order: Yes  No   
 Protection Order With Notice:  Without Notice:  Respondent: .....  
 Breached:

**Abuse Experienced**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Physical              | <input type="checkbox"/> Sexual        | <input type="checkbox"/> Strangulation /Attempted |
| <input type="checkbox"/> Spiritual             | <input type="checkbox"/> Psychological | <input type="checkbox"/> Verbal                   |
| <input type="checkbox"/> Threats               | <input type="checkbox"/> Harassment    | <input type="checkbox"/> Financial                |
| <input type="checkbox"/> Weapons used          | <input type="checkbox"/> Firearms      | <input type="checkbox"/> Witness/ heard           |
| <input type="checkbox"/> Medical treatment req | <input type="checkbox"/> Cyber Abuse   | <input type="checkbox"/>                          |

**Client Issues**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accommodation            | <input type="checkbox"/> Work and Income            | <input type="checkbox"/> Safety Planning                 |
| <input type="checkbox"/> Alcohol and Drug         | <input type="checkbox"/> Protection Order           | <input type="checkbox"/> Parenting Order/ Custody Issues |
| <input type="checkbox"/> DV Education/Counselling | <input type="checkbox"/> Community Support Referral | <input type="checkbox"/> Other                           |

Any special medical needs: *Health conditions, disabilities, diagnosis, medication*  
 .....

What supports are currently in place for this client? *(where possible, please include a contact person & details )*  
 .....  
 .....

Are there any other concerns/risks that we need to be aware of for the person using abuse? *(Red flags, mental health, Alcohol and drugs, previous protection orders, gang related)*  
 .....  
 .....

**Internal Process:**

Date: ..... FSW: ..... Assigned date: .....

Call Date:				
OUTCOME:	TC ATC NR	TC ATC NR	TC ATC NR	TC ATC NR
FSW				

**Case Plan:**

Current Supports:  
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 .....

Details:  
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Case Plan:  
 1. ....  
 2. ....  
 3. ....  
 4. ....

*Please tick and date where the referral has gone*

Not able to contact	Declined support	Declined support but phone support given			Referral Accepted
Referral to Residential	Referral to FSW	Referral to Peer Support	Referral to Women's Programme/ SSP	Referral to Tamariki Programme/ SSP	Referral to NILs
Referral to ReachOut	Referral to Shine safe@home	Referral to agency	Referral to Refuge	Safety Plans	NFA