| WDVCAS- Request for Service Form | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ****CLIENT INFORMATION**** | | | | | | | | | | | | | |
| **Name:** | | | | | | | **Referral Date:** | | | | | | |
| **Aliases (if client is known by any other names):** | | | | | | | | | | | | | |
| **Date of birth:** | | | | | **CRN:** | | **Phone:** | | | | | | |
| **Current address:** | | | | | | | | | | | | | |
| **Town:** | | | | | **State:** | | **Post Code:** | | | | | | |
| □ **Aboriginal** | □ **Torres Strait Islander** | | | | □ **Non-ATSI** | | □ **Not Stated** | | | | | | |
| OTHER PARTY DETAILS (iF APPLICABLE) | | | | | | | | | | | | | |
| **Name of other party involved in matter:** | | | | | | | **DOB:** | | | | | | |
| **Address:** | | | | | | | **Phone:** | | | | | | |
| **Town:** | | | | | **Relationship to client:** | | | | | | | | |
| REFErRING AGENCY/SERVICE | | | | | | | | | | | | | |
| **Organization Name:** | | | | | | | **Worker Name:** | | | | | | |
| **Email:** | | | | | | | **Phone:** | | | | | | |
| reason for referral | | | | | | | | | | | | | |
| **LEGAL ASSISTANCE**  **🞏 Care Proceedings □ Family Law**  **□ ADVO / AVO □ Legal Advice**  **□ Other** | | | | **COUNSELLING SUPPORT**  **🞏 Domestic Violence / Sexual Assault**  **□ Domestic Violence Program**  **□ Other** | | | | | | | **CLIENT SUPPORT**  **🞏 Court Support**  **🞏 Victims Support Scheme**   * **Family care program** * **Homelessness specialist** * **Counselling** * **Family Mental Health Service (youth)**   **🞏 Safety Planning** | | |
| **Has client had any previous legal advice? □ No □ Yes** | | | | | | | | | | | | | |
| **Does client have a court date/existing order? □ No □ Yes Details-** | | | | | | | | | | | | | |
| **Has a DVSAT been completed? □ No □ Yes\_\_\_\_\_\_\_\_if yes, Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attached □ No □ Yes** | | | | | | | | | | | | | |
| ***Outline of reason for referral:*** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| ***FOR INTERNAL OFFICE USE ONLY*** | | | | | | | | | | | | | |
| **Conflict Checked: 🞏 Yes** | | | **By Whom:** | | | | | | **Date:** | | | | |
| **Name of worker Completing Form:** | | | | | | | | | **Date:** | | | | |
| **Action: 🞏 No conflict, able to assist, internal referral to:** | | | | | | | | | | | | | |
| **Action: 🞏 Conflict / unable to assist, referred to:** | | | | | | | | | | | | | |
| client INTAKE FORM | | | | | | | | | | | | | |
| DEPENDANT CHILDREN | | | | | | | | | | | | | |
| **Child 1.** | | | **First Name:** | | | **DOB:** | | | | **AGE:** | | | **SEX:** |
| **Relationship to client:** | | | | | | **Lives with:** | | | | | | | |
| **Child 2.** | | | **First Name:** | | | **DOB:** | | | | **AGE:** | | | **SEX:** |
| **Relationship to client:** | | | | | | **Lives with:** | | | | | | | |
| **Child 3. Surname:** | | | **First Name:** | | | **DOB:** | | | | **AGE:** | | | **SEX :** |
| **Relationship to client:** | | | | | | **Lives with: Mother** | | | | | | | |
| **Child 4. Surname:** | | | **First Name:** | | | **DOB:** | | | | **AGE:** | | | **SEX:** |
| **Relationship to client:** | | | | | | **Lives with:** | | | | | | | |
| **Child 5. Surname:** | | **First Name:** | | | | **DOB:** | | **AGE:** | | | | **SEX:** | |
| **Relationship to client:** | | | | | | **Lives with:** | | | | | | | |
| **Child 6. Surname:** | | **First Name:** | | | | **DOB:** | | **AGE:** | | | | **SEX:** | |
| **Relationship to client:** | | | | | | **Lives with:** | | | | | | | |
| ***Additional Notes-*** | | | | | | | | | | | | | |

**Office: 4476 5416 Email service requests to- fsc@wdvcas.org**