

## Broken Hill Domestic and Family Violence Services Quick Guide

Service Name	Services	Contact and Referrals
Aboriginal Legal Service (ALS)	<ul style="list-style-type: none"> <li>• Criminal Law Support</li> </ul>	35 Sulphide St (08) 8084 2300
Catherine Haven Salvation Army	<ul style="list-style-type: none"> <li>• Accommodation and case work for women who are victims of domestic and family violence</li> </ul>	08 8087 1999 <a href="mailto:Catherine.haven@salvationarmy.org.au">Catherine.haven@salvationarmy.org.au</a>
Catholic Care	<ul style="list-style-type: none"> <li>• Children's Contact Centre</li> <li>• Family Mediation</li> </ul>	08 8087 3477 Or attend the office in person: 261 Argent St
Disability Advocacy NSW	<ul style="list-style-type: none"> <li>• Support and advocacy for people with a disability navigating other systems and programs</li> </ul>	<a href="mailto:western@da.org.au">western@da.org.au</a> (02) 6332 2100
Legal Aid	<ul style="list-style-type: none"> <li>• Family Law advice, including, financial settlements, parenting plans, divorce and property settlements</li> <li>• Family Mediation</li> <li>• Care and Protection</li> <li>• Advice on consumer law and credit/debt law issues</li> <li>• Advice on hosing and tenancy issues</li> </ul>	Clients can make contact in person or over the phone (08) 8004 9600 2/32 Sulphide St Email: <a href="mailto:brokenhillcrime@legalaid.nsw.gov.au">brokenhillcrime@legalaid.nsw.gov.au</a> , <a href="mailto:brokenhillcivil@legalaid.nsw.gov.au">brokenhillcivil@legalaid.nsw.gov.au</a> , <a href="mailto:familybrokenhill@legalaid.nsw.gov.au">familybrokenhill@legalaid.nsw.gov.au</a>
Lifeline	<ul style="list-style-type: none"> <li>• Counselling services</li> <li>• Early intervention for suicide prevention</li> </ul>	(08) 8087 7525 <a href="mailto:connect.brokenhill@lifesafewsw.org.au">connect.brokenhill@lifesafewsw.org.au</a>
Mallee Family Care Community Legal Centre (MFCCLC)	<ul style="list-style-type: none"> <li>• Legal information, advice and casework on a broad range of generalist legal matters including family law and domestic/family violence (AVOs), consumer and credit issues, welfare rights and provides duty lawyer services at court on minor traffic matters.</li> <li>• Also provides community legal education sessions on a range of legal topics.</li> </ul>	08 8088 2020 1800 300 036 <a href="mailto:clcfarwest@malleefamilycare.com.au">clcfarwest@malleefamilycare.com.au</a> A referral form is available
Mission Australia	<ul style="list-style-type: none"> <li>• Family support and preservation programs</li> </ul>	Client self-referrals Referral form as well 08 8084 3703 <a href="mailto:dellarg@missionaustralia.com.au">dellarg@missionaustralia.com.au</a>

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Staying Home Leaving Violence	<ul style="list-style-type: none"> <li>• Case work and support for women who are victims of domestic and family violence</li> </ul>	A referral form is available Natalie – 0429 592 205 Natalie.hinton@salvationarmy.org.au Teagan – 0439 119 532 Tegan.olds@salvationarmy.org
VANS	<ul style="list-style-type: none"> <li>• Therapeutic interventions for family and domestic violence, sexual assault and child protection</li> </ul>	VANS at the Community Health Centre (08) 8080 1100 24/7 Sexual Assault on Call support (08) 8080 1300 NSW Domestic Violence help line 1800 65 64 63
Warra Warra	<ul style="list-style-type: none"> <li>• Family law advice</li> <li>• Child protection</li> <li>• National redress scheme</li> <li>• Victim services applications</li> <li>• Counselling services</li> <li>• Advice on AVOs</li> </ul>	(02) 9157 1004 A referral form is also available
WDVCAS Women's Domestic Violence Court Advocacy Service	<ul style="list-style-type: none"> <li>• Court support for victims of domestic and family violence</li> <li>• Court support for victims of domestic and family violence who have become defendants in criminal matters as well</li> </ul>	Referral Form: <a href="https://housingplus.my.site.com/s/referral">https://housingplus.my.site.com/s/referral</a> 1800 407 728

# REFERRAL TO MALLEE FAMILY CARE COMMUNITY LEGAL CENTRE



Please forward referral to [clcfarwest@malleefamilycare.com.au](mailto:clcfarwest@malleefamilycare.com.au)

CLIENT INFORMATION	
Client Name:	
Previous Names:	
Date of Birth:	
Intake worker to contact directly:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Best person to contact:
Contact Number:	M: _____ H: _____
	<input type="checkbox"/> Safe to leave voicemail/text? Yes <input type="checkbox"/> DO NOT leave voicemail/text
Is the client aware of the referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal issue/ Outcome sought by client:	
OTHER PARTY INFORMATION	
Other Party Name:	
Other Party Previous Names:	
Other Party Date of Birth:	
REFERRAL DETAILS	
Date of Referral:	
Referrer Details:	Name: _____
	Contact No: _____
	Email: _____
Additional Information:	
Please note that in the event the MFCCLC has a conflict and is not able to act for the person listed above; we will advise you of this outcome so that you are able to inform your client accordingly.	

BROKEN HILL & MENINDEE  
FAMILY SUPPORT SERVICE  
**REFERRAL FORM**

Ph: 088084 3703

Please email completed form to dellarg@missionaustralia.com.au

Date referral made:		Is the Client/ Family aware of this Referral and given consent	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
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**Referrer Information:**

Referrers Name:		Position:	
Organisation:		Address:	
Phone:		Email:	

**Referring Family Details:**

Primary Client Information:

Given Name:		Family Name:	
Date of Birth:		Gender:	
Current Address:			
Home Phone:		Mobile:	

Member of Household	First Name	Last Name	DOB	Relationship to Primary Carer
Other Carer				
Child or Young Person 1				
Child or Young Person 2				
Child or Young Person 3				
Child or Young Person 4				

**Please outline all other service and agencies involved with the client:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please list referral reason and any known support needs:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Referrer Signature:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Staying Home Leaving Violence



Name of referring agency: \_\_\_\_\_

Name of Referrer: \_\_\_\_\_ Position of referrer: \_\_\_\_\_

Contacts: Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Has the client consented to this referral:  Yes/  No

## Client's Details

Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_

Aliases: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Numbers: (m): \_\_\_\_\_ (h): \_\_\_\_\_ (w): \_\_\_\_\_

Is it safe to leave a message:  YES /  NO  YES /  NO  YES /  NO

Special Instructions for contact or message: \_\_\_\_\_

Is the address shared with the offender of domestic and family violence?  Yes/  No

## Offender's Details

Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_

Aliases: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Gender:  Male /  Female

## Referral

In the course of her appointment with me, Ms \_\_\_\_\_  
advised that:

- She has experienced family and / or domestic violence.
- She has agreed that I make this referral to your service for the purpose of supporting her through with Staying Home Leaving Violence program, and advising her of the options that are available to assist her.
- She has agreed to the release of her information and documents (such as the application for ADVO or APVO) by the referring agency to you.

I have already advised \_\_\_\_\_ (Name of worker spoken to for the purpose of referral) in your agency that I am making this referral today.

Thank you for assisting her.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## Authority of Women (PINOP)

I confirm that I authorise the referring agency to refer me to Staying Home Leaving Violence Broken Hill Service (SHLV) and I authorise the referring agency to provide a copy of my application for an Apprehended Domestic Violence Order (ADVO) or Apprehended Personal Violence Order (APVO), as applicable to the Staying Home Leaving Violence service in Broken Hill.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Please send referrals to [Natalie.hinton@salvationarmy.org.au](mailto:Natalie.hinton@salvationarmy.org.au) or [Teagan.olds@salvationarmy.org.au](mailto:Teagan.olds@salvationarmy.org.au)