



Referral Form

Flat Out provides support to all women and trans and gender diverse people who have been criminalised. We are non-judgmental and you never have to tell us anything you do not want to. If you do not want to tell us something it will not affect the way that we work with you. You do not need to tell us your criminal history.

This Intake Referral form can be completed by you, a friend or a family member, an advocate or a professional. Please complete this form in as much detail as possible so we can best assess the type of support you need. Due to service demand, there is likely to be a waiting period of several weeks until we can commence our work with you. It could be longer. Please see the highlighted information below for urgent referrals. We want to give you the best support however, we need to make sure that we continue to provide support to those already engaged with us.

Please email this Intake Referral form to intake@flatout.org.au. When we receive your referral our Intake worker will be in contact.

Notes to the assessor:

- To access support from Flat Out the person must consent to the documentation of support notes on our service record system – Specialist Homelessness Information Platform (SHIP) **Please see page 7**
- When you ask any of these questions, please lead with informing the person they have a choice in how they answer questions
- These are open questions and if a person does not want to answer them, that is ok
- Let the person who is being referred know that it is up to them what they disclose, and they can change their answers later.

If you would like any assistance with these forms, please contact intake@flatout.org.au

Type of support(s) required

Material Aid includes access to donated clothing, food parcels etc.

Brief intervention includes short term support – approximately 4 weeks or less

Support management includes longer-term support - period determined by staff and referred person

Material Aid

Brief Intervention

Support Management

Urgency of Referral



As a guide and wherever possible, urgent referrals may be prioritised dependent upon individual circumstances i.e., when a person is at current high risk of family violence, upcoming bail application, imminent incarceration or release, impending homelessness, have dependent children in their care and no other support services in place. All urgent referrals must be assessed by the Team Leader who may contact the referrer to discuss.

Urgent

Non-urgent

Reason/date(s) of urgency:

Date form completed:	
Referral completed by:	
Will referring agency remain involved in support if referral is accepted?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, for how long and what capacity	

Name:	
Pronouns: (She/Her, They/Them etc.)	
Gender:	
Date of birth:	
Sexuality/Sexual Orientation:	
Do you identify as Aboriginal and/or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Country of birth:	
Cultural Identity:	
Preferred Language:	
Would you like an Interpreter or National Relay Service assistance?  	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:
Best way to contact you: (Phone number to text/call, email address, post address etc.)	<input type="checkbox"/> Ph: <input type="checkbox"/> Email: <input type="checkbox"/> Other:
If incarcerated, how would you like contact to be made?	<input type="checkbox"/> Phone <input type="checkbox"/> Zoom <input type="checkbox"/> In person
Would you like us to copy you in emails with services/ workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any safety concerns with contacting you? Can we leave a message, send a text?	<input type="checkbox"/> Yes <input type="checkbox"/> No Would you prefer we do not use names in texts or voice messages? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency contact? If yes, Emergency contact details: In what context are we able to contact them?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Support

Please give a summary of the reason(s) for this referral.

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What is most important to you right now?	
Do you have any immediate safety concerns you would like us to know about?	
What does good support look like to you?	
<p>Are there any services you have found helpful and enjoyed working with?</p> <p>Can you tell us who they are and what worked well about this support?</p>	
<p>Do you have any current workers who you would like us to collaborate with, and have a coordination meeting where we all meet?</p> <p><small>If so, are you able to provide contact details and sign our <i>Consent to Share Information</i> form?</small></p>	

Income

Income type(s)	<input type="checkbox"/> Newstart <input type="checkbox"/> DSP <input type="checkbox"/> Parenting <input type="checkbox"/> FTB <input type="checkbox"/> Wages/Salary <input type="checkbox"/> None <input type="checkbox"/> Other
<p>Would you like support or assistance with your finances?</p> <p><small>If yes, what would you like assistance with?</small></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Incarcerated (If not, please go to page 5)

Do you have an assessment and transition coordinator (ATC) or worker inside who you would like us to speak with?	
Current location:	
Are you sentenced, or on remand?	<input type="checkbox"/> Sentenced <input type="checkbox"/> Remand
Any upcoming dates you want us to be aware of: (Exit dates, court dates, etc.)	
Do you have Legal Representation? If yes, what is their name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like us to get in touch with your legal representation? If yes, what is their contact phone number/email?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing situation prior to being incarcerated: (Transitional housing, public housing, private rental, crisis accommodation, sleeping rough etc.)	
What will your housing situation look like on release?	
Ideal housing: (Public housing, community housing, private rental, shared accommodation, supported accommodation)	
Last time since permanent address:	
If you would like us to check your VHR (Office of Housing) status, please provide us with your Centrelink Reference Number (CRN):	CRN:
Do you have any caring responsibilities for any children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any Child Protection involvement? Would you like to tell us anything?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like assistance with children and or caregiving support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any important people in your life you would like to let us know about?	
Who do you provide support for?	
Who provides support to you?	

If in the community

Current housing situation: Transitional housing, public housing, private rental, crisis accommodation, sleeping rough etc.)	
Last time since permanent address:	
Ideal housing: (Public housing, community housing, private rental, shared accommodation, supported accommodation)	
If you would like us to check your VHR (Office of Housing) status, please provide us with your Centrelink Reference Number (CRN):	
Do you have any upcoming court dates or legal issues you require support for? If so, when is the date of next hearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like us to get in touch with your legal representation? If yes, what is their contact phone number/email?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like any other assistance with legal support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any caring responsibilities for any children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any Child Protection involvement? Would you like to tell us anything?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like assistance with children and or caregiving support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any important people in your life you would like to let us know about?	
Who do you provide support for?	
Who provides support to you?	



Staying Safe – All questions are optional. It is completely up to you what you disclose. You're welcome to change answers later.

Mental Health

Do you have any mental health information you would like to share with us?	
Would you like any assistance with mental health supports? <small>Referrals, Links to a health care provider etc.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health and Wellbeing

Do you have any physical health information including oral health, you would like to share with us?	
Would you like any assistance with physical health supports? <small>(Referrals, links to health providers etc.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like assistance or support to access a dentist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any access requirements or needs you would like to share with us? <small>(Stairs, elevator, wheelchair access etc.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Alcohol and Other Drugs

Is there any drug or alcohol information you want us to know?	
Would you like any assistance with AOD supports? <small>(Referrals, links to health providers etc.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Violence

<p>Is there anyone who has or is causing you harm or making you feel unsafe?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are there any current safety orders in place? (IVO/AVO's)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Is there anyone currently causing you harm you would like us to be aware of?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have a current safety plan in place? If not, would you like to create one? <i>Please note we are wanting to keep you safe and know you are the expert for this. We will take your lead to create this and never pressure you to call the police or any other service who might put you in more harm.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you like to create one?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>What would you like us to do if we are concerned about your safety?</p>	

<p>Is there any other information you would like to provide us with?</p>
<p>Is there any other services or community organisations you would like to be referred to? (Recreational, cultural, community programs etc.)</p>



Consent, Privacy and Confidentiality

NAME:
DOB:

Flat Out is committed to protecting your privacy in accordance with Victorian privacy laws, including the *Privacy and Data Protection Act 2014*, *Health Records Act 2001*, *Child Wellbeing and Safety Act 2005*, Australian privacy law including *Privacy Act 1988*, regulating how we collect, use, disclose, protect, and maintain your information.

We need your permission to collect and record the information you provide us on our database, Specialist Homelessness Information Platform (SHIP). Flat Out is also required to provide statistical information to the Victorian and the Australian Government via SHIP to continue to receive funding and to demonstrate the work that we do. This information is passed to the Government and is **non-identifying**. The **non-identifying** information may also be used to help us and other services like us to get the services that you and others might need. No statistical information will ever be published by which you could be identified.

During our accreditation review Flat Out may be required to give external reviewers additional access to your electronic case file.

To support best practice, your support needs may be discussed between Flat Out staff. Your information will remain confidential within the agency.

You may speak with any Flat Out staff member to discuss the above.

I understand that I can request the removal of this consent at any time but acknowledge that to do so means Flat Out can no longer provide support.

Verbal consent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Consent given by: <input type="checkbox"/> Phone <input type="checkbox"/> In person <input type="checkbox"/> Other (email, text, etc.)	
Written consent - Signature:	Date:
Referrer signature:	Date:



Further Information

Confidentiality & Duty of care

We take confidentiality and your safety seriously. You are not obligated to share your history of offending and you only need to answer questions you are comfortable with. We do not share any information with anyone you have not consented for us to share with. You can vary your consent at any time. Flat Out does have a 'Duty of Care' to everyone being supported by our service. This means that if a Flat Out support worker has assessed that you may be at risk of harming yourself or others, or if you are in danger, then the support worker must act on this information and contact relevant services and support.

Support Notes & Data Collection

As a requirement of our funding, we write support notes into an Australian Institute of Health and Wellbeing platform where we note the contents of our interactions, length of time, needs identified, and any referrals made. Our notes are always strengths-based and person-centered. This means that our notes are written in a dignified and respectful way, focusing on your strengths. We will ensure you are involved each step of the way. We also log each interaction we have with external services. By recording notes, we can reflect on the work completed, identify any gaps in our service and provide advocacy and letters of support.

Exit planning and support closure

Exit planning and support closure are processes to support you to maintain your progress after you finish working with Flat Out. We will discuss this with you throughout assessment, support planning and reviews. Our aim is to support your independence from our service when you reach identified goals/other achievements, if you decide you no longer require support, or if your needs would be best met by another agency.

Feedback, Concerns or Complaints

If you have any feedback at all about the support you are receiving, we hope you can let us know by speaking with your worker directly. If you do not feel comfortable doing this, you can contact our office line on 9372 6155 to speak with our Team Leader or Manager to explain how you are feeling.