

## Family and Domestic Violence (FDV) Financial Assistance Program Referral Form

*Do not send via email. Submit via [redcross.org.au/familyviolencerelief](http://redcross.org.au/familyviolencerelief)*

Referring Agency Details (Referring agency to complete ALL FIELDS)			
Referring worker's name		Referring Agency	
Phone number		Phone number	
Email			
State			
Support currently provided by referring agency	<input type="checkbox"/> Casework <input type="checkbox"/> Financial <input type="checkbox"/> Accommodation (Refuge, crisis accommodation)	<input type="checkbox"/> Health <input type="checkbox"/> Legal <input type="checkbox"/> Other (please specify): _____	
Is client linked with legal support?	<input type="checkbox"/> Yes (Name of organisation): _____ <input type="checkbox"/> No		
Client need (tick one or both)	<input type="checkbox"/> Direct Financial Assistance <input type="checkbox"/> Short-term Casework Support *Primarily the support offered under the program includes financial assistance of up to \$3000. For applicants not supported by a caseworker, Red Cross can provide referrals and short-term, non-FDV specialised casework support.		
Additional Referrals	Detail any referrals that have been made for the client to other services Referral made to _____ on (date) _____ by (referring agent) _____ Status: Accepted / Awaiting / Rejected (reason _____)		
Safe contact			
The safest and preferred way and times for Red Cross to contact the client	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> any of the above	Preferred times	<input type="checkbox"/> 9-11 am <input type="checkbox"/> 11am -2pm <input type="checkbox"/> 2pm – 4pm <input type="checkbox"/> any of the above
Client Details (Referring agency to complete ALL FIELDS)			
First name		Surname	
Date of birth		Gender	
Address (optional)		Suburb	
State		Postcode	
Phone number		Email	
Country of birth		Nationality	
Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language	

Identified disability	<input type="checkbox"/> None (no disability) <input type="checkbox"/> Intellectual/learning <input type="checkbox"/> Psychiatric	<input type="checkbox"/> Sensory/speech <input type="checkbox"/> Physical/diverse <input type="checkbox"/> Not stated/inadequately described
<b>Family composition</b>		
What best describes the current family composition	<input type="checkbox"/> Single <input type="checkbox"/> Single parent with dependant(s) <input type="checkbox"/> Couple <input type="checkbox"/> Couple with dependant(s)	
<b>Dependants</b>		
Any dependent children in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number <small>(Attach extra information where more than 4 dependants)</small>
<b>CHILD 1</b> Name		<b>CHILD 2</b> Name
Gender		Gender
Date of birth		Date of birth
Disability Yes / No (detail)		Disability Yes / No (detail)
<b>CHILD 3</b> Name		<b>CHILD 4</b> Name
Gender		Gender
Date of birth		Date of birth
Disability Yes / No (detail)		Disability Yes / No (detail)
<b>Housing &amp; Welfare</b>		
Current housing situation	<input type="checkbox"/> Homeless (e.g. refuge, sleeping rough) <input type="checkbox"/> Rental accommodation <input type="checkbox"/> Other (please describe): _____	
<b>Visa Status</b>		
Travel document type	<input type="checkbox"/> Passport <input type="checkbox"/> ImmiCard	Travel document Number
Year of arrival		Current visa type
<i>If you are unaware of the client's visa status, Red Cross will contact the client to ascertain their visa status</i>		
Current visa type	<input type="checkbox"/> Uncertain	Has the client been linked with legal support? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Financial Hardship</b>		
Is the client currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment type <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual Other _____
Client financial need/s <small>(please tick the most immediate support needs)</small>	<input type="checkbox"/> Crisis Accommodation <input type="checkbox"/> Housing <input type="checkbox"/> Education <input type="checkbox"/> Transport <input type="checkbox"/> Legal <input type="checkbox"/> Food <input type="checkbox"/> Fines <input type="checkbox"/> Family at risk	<input type="checkbox"/> Family at risk <input type="checkbox"/> Utilities <input type="checkbox"/> Clothes <input type="checkbox"/> Medical treatment <input type="checkbox"/> Infant necessities <input type="checkbox"/> Medications <input type="checkbox"/> Other

<p>Financial assistance requested</p> <ul style="list-style-type: none"> <li>• Up to \$3000 is available in total</li> <li>• There are 2 options to select from</li> <li>• Discuss options with your client based on their need</li> </ul>	<input type="checkbox"/> One-off payment of \$3000	<input type="checkbox"/> Smaller payments over time (not to exceed \$3000 or 3 months from application date)	
		Initial Payment	
		Then regular payments of	
		Frequency	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I confirm that I have assessed the client to be experiencing financial hardship		<input type="checkbox"/> Yes <input type="checkbox"/> No	
I confirm that I have assessed the client's ability to manage finances safely and independently		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Confirm with client the safest payment/ transfer method	<input type="checkbox"/> Bank account (existing or new) provided as an attachment *PDF Summary or statement to show 30-day transaction history within the last three months  If the client does not have a bank account to safely transfer funds into, please assist them to set up a new and separate account. <input type="checkbox"/> Tick if your client is unable to open or access a bank account. Red Cross will be in contact with you to discuss payment to client's mobile phone (which acts as a secure credit card).		

## To be completed by ALL Referring Agencies

Client has experienced, is experiencing or is at risk of family and domestic violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A Family Violence Risk Assessment has been completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A safety plan for the client has been completed as part of the Risk Assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'No' to Risk Assessment or Safety Plan, please detail why: _____		

### Attached Documents

*Please ensure all applicable documents are submitted by the client via the Red Cross portal*

To support a VEVO check, Red Cross requires one of the following	<input type="checkbox"/> ImmiCard number <input type="checkbox"/> Passport number <input type="checkbox"/> Visa document number	<input type="checkbox"/> N/A Visa status is unknown / uncertain
To verify where to make payments, Red Cross requires	<input type="checkbox"/> Bank statement ( <i>NOT creditcard statement</i> ) up to 3 months <i>Bank statement up to 3 months old are accepted</i> <input type="checkbox"/> It is not safe for client to access a bank document	
To collect, store and use your information, Red Cross requires	<input type="checkbox"/> Signed Red Cross Privacy Notice and Consent	

### Agency Declaration

In submitting the above referral on behalf of the client, I confirm that our referring agency:

- is assisting the client; and
- is authorised or has received consent from the client to submit this referral; and
- has accurately recorded information received from the client in this form; and
- has read the Red Cross Privacy Notice and Consent form (following page) to the client, and the client understands and agrees to its terms.

Name:	
Date:	
Signature:	

## **Privacy Notice and Consent**

We want you to understand how we receive your personal information and what we do with your information for the **Red Cross Family and Domestic Violence Financial Assistance Program (this Program)**. Personal information is information about you that can identify you.

We are the Australian Red Cross Society and our Australian Business Number (ABN) is 50 169 561 394.

### **Why we are collecting your personal information.**

We need your personal information so that we can respond to your request for support and provide services to you. If we do not get your personal information, we might not be able to provide services to you.

We might also use your information so we can work with another organisation to support you or to ask them to support you.

Sometimes, we use it to contact you or the person you have asked us to contact on your behalf in an emergency situation.

### **Where we get your personal information from.**

We will ask you to give us your personal information.

Sometimes other people and organisations may give us your personal information, including organisations that are helping you already. This is so we can support you and so you don't have to share your information twice

### **What information we collect**

Personal information is your name, date of birth, gender, contact information, visa status, bank account information, health information or other information connected with your history or relationship to Red Cross and the services we provide.

### **Who we share your personal information with**

If you apply for financial assistance under this Program, we will share your personal information with people and organisations that can support you or help us support you. If you are worried about this, you can speak to us.

Sometimes we need to share your personal information to keep people safe. For example, Red Cross staff and volunteers must follow the law in sharing information to keep children safe.

### **Do we share your information overseas?**

We do not share your personal information overseas.

### **How we store your personal information.**

We only keep your personal information for as long as we need to or are required by law

### **Rights and the information Red Cross has about me?**

You have the right to ask for access your personal information.

You have the right to ask us to fix your personal information if it is incorrect.

You have the right to make a complaint to Red Cross:

Head of Legal  
Australian Red Cross Society  
23–47 Villiers St North Melbourne VIC 3051

Tel: 1800 RED CROSS (733 276)  
Fax: 61 3 9345 1800  
Email: [privacy@redcross.org.au](mailto:privacy@redcross.org.au)

You can also make a complaint direct to the Privacy Commissioner at [oiac.gov.au](http://oiac.gov.au)  
You can find out more by reading the Red Cross Privacy Policy [www.redcross.org.au/privacy](http://www.redcross.org.au/privacy)

## Consent

I \_\_\_\_\_ (or my guardian/custodian/carer) have been told about how Red Cross will collect, use and share my personal information. I agree and consent to my personal information being collected, used and shared so Red Cross and other people and organisations can support me and provide services to me, including under this Program.

I also understand that I can change my mind and tell Red Cross not to use or share my personal information. I understand that if I withdraw my consent, Red Cross might not be able to provide support or services to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If this consent form is not provided in a written language that I can understand then this form has been translated into \_\_\_\_\_ by \_\_\_\_\_ who is a person I have nominated or is an accredited interpreter in Australia. Reference No \_\_\_\_\_.

### Verbal consent (Client is not able to sign)

I, \_\_\_\_\_ (name of agency worker) of \_\_\_\_\_ (agency name), have read out this Privacy Notice to the person named above. I am satisfied that the person named understands the notice, and agrees to their personal information being collected, used and shared in accordance with this notice.