# Family Violence Flexible Support Packages Application Form

**Purpose:** This application is to be used by all case managers who are applying for a flexible package on behalf of their clients.  This application will be processed by Mallee Sexual Assault Unit Inc.

**Date Application submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **General Information**

|  |  |  |
| --- | --- | --- |
| **Client Name:**      |  | **Client I.D: SHIP I.D:**            |
| **DOB:**      |  | **Ph:**      |  | **No. of accompanying children:**      |
| **Is the package for a dependent child?****Y** [ ]  **N** [ ]  |  | **Has the applicant received a package previously?** **Y** [ ]  **N** [ ]  If Yes number of packages:  |
| **Interpreter Required:** **Y** [ ]  **N** [ ] Language:       |  | **Gender:**Female [ ]  Male [ ]  Non-binary [ ] Transgender [ ]  Other:       |
| **Priority:**RAMP [ ]  Non-RAMP high risk [ ]  Low/medium risk [ ]  |  | **Perpetrator:**Intimate partner [ ]  Child [ ]  Other:       |
| **FSP Total Allocation:** **$**       |

1. **Client Eligibility**

|  |  |  |
| --- | --- | --- |
|  *Client must satisfy 2.1,2.2 and either 2.3 or 2.4* |  | **Yes** |
| 2.1 The client has a case management plan in place, clearly identifying how the package will support their long term safety, health and wellbeing; **AND** |  | [ ]  |
| 2.2 The clients safety and security needs, and independent living goals can be reasonably met through the provision of the package; **AND** |  | [ ]  |
| 2.3 The victim/survivor has recently left an abusive situation; |  | [ ]  |
|  **OR**2.4 The victim/survivor is planning to leave an abusive situation or have the perpetrator removed from the home with appropriate legal sanctions in place. |  | [ ]  |

1. **Applicant Information**

|  |
| --- |
| **Residency Status:**Living in Australia [ ]  Partner provisional visa [ ]  Family member [ ] Australian resident [ ]  Temporary protection visa [ ]  Other:       |
| **Current housing type:**Emergency [ ]  Refuge/crisis accommodation [ ]  Public housing [ ] Private rental [ ]  Home owner [ ]  Homeless [ ] Other:       |
| **Income source:**Wages [ ]  Government payment [ ]  Mixed [ ]  No income [ ]  Other:       |
| **Country of birth:** Australia [ ]  Other:        |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Not known** | **Comments** |
| **Aboriginal or Torres Strait Islander** |[ ] [ ] [ ]   |
| **CALD** |[ ] [ ] [ ]   |
| **Disability** |[ ] [ ] [ ]   |
| **LGBTI** |[ ] [ ] [ ]   |
| **Mental illness** |[ ] [ ] [ ]   |
| **Pregnant** |[ ] [ ] [ ]   |
| **Child protection involved** |[ ] [ ] [ ]   |
| **Substance abuse** |[ ] [ ] [ ]  Alcohol [ ] Other drugs [ ]  |
| **Victoria Police involvement** |[ ] [ ] [ ]  Order type:      |
| **Family Law Court Order** |[ ] [ ] [ ]   |

1. **Dependent Children details**

|  |
| --- |
| **Total number of dependent children:** |
| **Total number of dependent children in each bracket:** |
| 0-12 mnths:       | 12 mnths-5yrs:       | 6-12yrs:        | 13-18yrs:       |
|  | **Yes** | **No** | **Not known** | **Comments** |
| **Aboriginal or Torres Strait Islander** |[ ] [ ] [ ]   |
| **Disability** |[ ] [ ] [ ]   |
| **CALD** |[ ] [ ] [ ]   |

1. **Financial**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of assistance required** |  | **Description of items/expenditure****\* Please Tick** |  | **Amount required ($)** |
| Freedom from abuse and violence |  | Mobile phone [ ]  |  | $       |
|  | Personal alarm [ ]  |  | $       |
|  | Safety card [ ]  |  | $       |
|  | CCTV [ ]  |  | $       |
|  | Property alarm [ ]  |  | $       |
|  | Sensor lights [ ]  |  | $       |
|  | Windows [ ]  |  | $       |
|  | Fence [ ]  |  | $       |
|  | Security doors [ ]  |  | $       |
|  | Change locks [ ]  |  | $       |
|  | Other:       |  | $       |
| Suitable and stable housing |  | Repairs to property damage [ ]  |  | $       |
|  | Travel costs to move to a safe location (flights, travel) [ ]  |  | $       |
|  | Payment for short-term or emergency accommodation [ ]  |  | $       |
|  | Relocation and moving costs (incl. cleaning previous house) [ ]  |  | $       |
|  | Whitegoods [ ]  |  | $       |
|  | Furniture [ ]  |  | $       |
|  | Household items eg. cutlery, bed linen, etc. [ ]  |  | $       |
|  | Utility bills [ ]  |  | $       |
|  | Mortgage costs [ ]  |  | $       |
|  | Rent payment [ ]  |  | $       |
|  | Bond [ ]  |  | $       |
|  | Payment for short-term or emergency accommodation [ ]  |  | $       |
|  | Other:       |  | $       |
| Adult client's physical and mental health and wellbeing |  | Medical, pharmaceutical costs not covered by Medicare or PBS [ ]  |  | $       |
|  | Disability aids and equipment [ ]  |  | $       |
|  | Material needs and aids [ ]  |  | $       |
|  | Other health or wellbeing services [ ]  |  | $       |
| Dependent children's physical and mental health and wellbeing |  | Medical, pharmaceutical costs not covered by Medicare or PBS - dependent children [ ]  |  | $       |
|  | Disability aids and equipment [ ]  |  | $       |
|  | Material needs and aids [ ]  |  | $       |
|  | Other health or wellbeing services - dependent children [ ]  |  | $       |
| **Type of assistance required** |  | **Description of items/expenditure****\* Please Tick** |  | **Amount required ($)** |
| AOD counselling |  | Adult [ ]  Provider:       |  | $       |
|  | Child [ ]  Provider:       |  | $       |
| FV counselling |  | Adult [ ]  Provider:       |  | $       |
|  | Child [ ]  Provider:       |  | $       |
| Participation in learning and education (adult) |  | Course fees - TAFE, Uni, vocational training [ ]  |  | $       |
|  | Books, equipment and material aids [ ]  |  | $       |
|  | Support for travel [ ]  |  | $       |
|  | Other:       |  | $       |
| Participation in learning and education (dependent children) |  | Childcare costs [ ]  |  | $       |
|  | School/education costs (eg. Fees, excursions, etc) [ ]  |  | $       |
|  | Books, equipment, uniforms and material aids [ ]  |  | $       |
|  | Support for travel [ ]  |  | $       |
|  | Other:       |  | $       |
| Participation in workforce |  | Clothing, uniform, tools and equipment [ ]  |  | $       |
|  | Training costs [ ]  |  | $       |
|  | Support for travel [ ]  |  | $       |
|  | Other:       |  | $       |
| Financial security and independence |  | Material needs [ ]  |  | $       |
|  | Payment of debts [ ]  |  | $       |
|  | Financial counselling [ ]  Provider:       |  | $       |
|  | Financial services [ ]  |  | $       |
|  | Other professional services [ ]  |  | $       |
|  | Other:       |  | $       |
| Legal and court costs (Financial security and independence) |  | Legal services [ ]  Provider:       |  | $       |
|  | Court costs [ ]  Provider:       |  | $       |
|  | Other:       |  | $       |
| Support for social engagement, connection with culture and identity (adult) |  | Car repairs [ ]  |  | $       |
|  | Driving lessons [ ]  |  | $       |
|  | Travel card [ ]  |  | $       |
|  | Participation in social activities [ ]  |  | $       |
|  | Participation in cultural activities [ ]  |  | $       |
|  | Participation in sporting activities [ ]  |  | $       |
|  | Culturally specific professional services [ ]  |  | $       |
|  | Culturally specific services [ ]  |  | $       |
|  | Culturally specific activities [ ]  |  | $       |
|  | Other:       |  | $       |
| Support for social engagement, connection with culture and identity (children) |  | Car repairs [ ]  |  | $       |
|  | Driving lessons [ ]  |  | $       |
|  | Travel card [ ]  |  | $       |
|  | Participation in social activities [ ]  |  | $       |
|  | Participation in cultural activities [ ]  |  | $       |
|  | Participation in sporting activities [ ]  |  | $       |
|  | Culturally specific professional services [ ]  |  | $       |
|  | Culturally specific services [ ]  |  | $       |
|  | Culturally specific activities [ ]  |  |  |
|  | Other:       |  |  |
|  |  | **TOTAL FUNDING REQUIRED** |  | $      |

**\*\*NOTE;** Tax invoice(s) need to name **Mallee Sexual Assault Unit Inc** as the payee.

**Full information re; packages at;** [**https://www.msau-mdvs.org.au/flexible-support-packages/**](https://www.msau-mdvs.org.au/flexible-support-packages/)

1. **Client Outcomes**

|  |
| --- |
| Clearly articulate how the Flexible Support Package will assist the client to achieve goals and outcomes. (Maximum 500 words) |
|  |

Please attach SUPPORTING DOCUMENTATION by way of a current case management/support plan and a tax invoice for services anticipated or provided made out to Mallee Sexual Assault Unit Inc.

1. **Referring Agency**

Organisation:

Address:

Phone:

1. **Referring Worker and Team Leader/Manager who has checked application**

Name:       Name:

Phone:       Phone:

E-mail:       E-mail:

1. **Endorsement**

Signature:

Name: Lisa-Maree Stevens

Position: Executive Director

Date:

Please submit the completed application form and supporting documentation, via **EMAIL** to:

Lisa Maree Stevens

Executive Director

lisa-marees@msau-mdvs.org.au