



## 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:

Current Partner

Former Partner

Parent

Adult Child

Child Under 18

Sibling

Other Family Member

FSP Total Allocation:

\$ \_\_\_\_\_

What other funding sources have you explored? (Provide details):

\_\_\_\_\_  
\_\_\_\_\_

### 2. 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 (please attach), 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; (must be recent)

**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.



### 3. 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
<b>Aboriginal or Torres Strait Islander</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CALD</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Disability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>LGBTI</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mental illness</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Pregnant</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Child protection involved</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol <input type="checkbox"/> Both <input type="checkbox"/> Drugs <input type="checkbox"/> None <input type="checkbox"/>
<b>Victoria Police involvement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Order type:
<b>Family Law Court Order</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 4. 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
<b>Aboriginal or Torres Strait Islander</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Disability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CALD</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## 5. Financial

Type of assistance required	Description of items/expenditure * Please Tick	Amount required (\$)
(*Any request for security measures must also meet PSI (Personal Safety Initiative) criteria. See <a href="http://www.msau-mdvs.org.au">www.msau-mdvs.org.au</a> A security audit is required → call us on 5021 2130 and ask for PSI worker).	Mobile phone <input type="checkbox"/>	\$
	*Personal alarm <input type="checkbox"/>	\$
	*Safety card <input type="checkbox"/>	\$
	*CCTV <input type="checkbox"/>	\$
	*Property alarm <input type="checkbox"/>	\$
	Sensor lights <input type="checkbox"/>	\$
	Windows <input type="checkbox"/>	\$
	Fence <input type="checkbox"/>	\$
	Security doors <input type="checkbox"/>	\$
	Change locks <input type="checkbox"/>	\$
	Other:	\$
	Repairs to property damage <input type="checkbox"/>	\$
	Travel costs to move to a safe location (flights, travel) <input type="checkbox"/>	\$
	Payment for short-term or emergency accommodation <input type="checkbox"/>	\$
	Relocation and moving costs (incl. cleaning previous house) <input type="checkbox"/>	\$
	Whitegoods <input type="checkbox"/>	\$
	Furniture <input type="checkbox"/>	\$
	Household items eg. cutlery, bed linen, etc. <input type="checkbox"/>	\$
	Utility bills <input type="checkbox"/>	\$
	Mortgage costs <input type="checkbox"/>	\$
Rent payment <input type="checkbox"/>	\$	
Bond <input type="checkbox"/>	\$	
Payment for short-term or emergency accommodation <input type="checkbox"/>	\$	
Other:	\$	
Freedom from abuse and violence	Medical, pharmaceutical costs not covered by Medicare or PBS <input type="checkbox"/>	\$
	Disability aids and equipment <input type="checkbox"/>	\$
	Material needs and aids <input type="checkbox"/>	\$
	Other health or wellbeing services <input type="checkbox"/>	\$
Suitable and stable housing	Medical, pharmaceutical costs not covered by Medicare or PBS - dependent children <input type="checkbox"/>	\$
	Disability aids and equipment <input type="checkbox"/>	\$
	Material needs and aids <input type="checkbox"/>	\$
	Other health or wellbeing services - dependent children <input type="checkbox"/>	\$
Adult client's physical and mental health and wellbeing	<b>Description of items/expenditure * Please Tick</b>	
	Adult <input type="checkbox"/> Provider:	\$
	Child <input type="checkbox"/> Provider:	\$
	Adult <input type="checkbox"/> Provider:	\$
Dependent children's physical and mental health and wellbeing	Child <input type="checkbox"/> Provider:	\$
	Course fees - TAFE, Uni, vocational training <input type="checkbox"/>	\$
	Books, equipment and material aids <input type="checkbox"/>	\$
	Support for travel <input type="checkbox"/>	\$
Type of assistance required	Other:	\$
	<b>Description of items/expenditure * Please Tick</b>	
	Adult <input type="checkbox"/> Provider:	\$
	Child <input type="checkbox"/> Provider:	\$
AOD counselling	Adult <input type="checkbox"/> Provider:	\$
FV counselling	Child <input type="checkbox"/> Provider:	\$
	Course fees - TAFE, Uni, vocational training <input type="checkbox"/>	\$
Participation in learning and education (adult)	Books, equipment and material aids <input type="checkbox"/>	\$
	Support for travel <input type="checkbox"/>	\$
	Other:	\$



Participation in learning and education (dependent children)	Childcare costs <input type="checkbox"/>		
	School/education costs (eg. Fees, excursions, etc) <input type="checkbox"/>	\$	
	Books, equipment, uniforms and material aids <input type="checkbox"/>	\$	
	Support for travel <input type="checkbox"/>	\$	
	Other:	\$	
Participation in workforce	Clothing, uniform, tools and equipment <input type="checkbox"/>	\$	
	Training costs <input type="checkbox"/>	\$	
	Support for travel <input type="checkbox"/>	\$	
	Other:	\$	
	Material needs <input type="checkbox"/>	\$	
Financial security and independence	Payment of debts <input type="checkbox"/>	\$	
	Financial counselling <input type="checkbox"/> Provider:	\$	
	Financial services <input type="checkbox"/>	\$	
	Other professional services <input type="checkbox"/>	\$	
	Other:	\$	
Legal and court costs (Financial security and independence)	Legal services <input type="checkbox"/> Provider:	\$	
	Court costs <input type="checkbox"/> Provider:	\$	
	Other:	\$	
	Car repairs <input type="checkbox"/>	\$	
	Driving lessons <input type="checkbox"/>	\$	
Support for social engagement, connection with culture and identity (adult)	Travel card <input type="checkbox"/>	\$	
	Participation in social activities <input type="checkbox"/>	\$	
	Participation in cultural activities <input type="checkbox"/>	\$	
	Participation in sporting activities <input type="checkbox"/>	\$	
	Culturally specific professional services <input type="checkbox"/>	\$	
	Culturally specific services <input type="checkbox"/>	\$	
	Culturally specific activities <input type="checkbox"/>	\$	
	Other:	\$	
	Car repairs <input type="checkbox"/>	\$	
	Driving lessons <input type="checkbox"/>	\$	
Support for social engagement, connection with culture and identity (children)	Travel card <input type="checkbox"/>	\$	
	Participation in social activities <input type="checkbox"/>	\$	
	Participation in cultural activities <input type="checkbox"/>	\$	
	Participation in sporting activities <input type="checkbox"/>	\$	
	Culturally specific professional services <input type="checkbox"/>	\$	
	Culturally specific services <input type="checkbox"/>	\$	
	Culturally specific activities <input type="checkbox"/>	\$	
	Other:		
	<b>TOTAL FUNDING REQUIRED</b>		<b>\$</b>

**\*\*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/>



## 6. 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/copy of risk assessment for evidence and a tax invoice for services anticipated or provided made out to Mallee Sexual Assault Unit Inc.

## 7. Referring Agency

Organisation:

Address:

Phone:

## 8. Referring Worker and Team Leader/Manager who has checked application

Name:

Name:

Phone:

Phone:

E-mail:

E-mail:

## 9. 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](mailto:lisa-marees@msau-mdvs.org.au)

