# 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:** Click or tap to enter a date.

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):**

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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 (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. |  |  |

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  Both  Drugs  None |
| **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 ($)** |
| (\*Any request for security measures must also meet PSI (Personal Safety Initiative) criteria. See [www.msau-mdvs.org.au](http://www.msau-mdvs.org.au) A security audit is required → call us on 5021 2130 and ask for PSI worker).  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/copy of risk assessment for evidence 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](mailto:lisa-marees@msau-mdvs.org.au)