



## 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

**Gender:**

Female

Male

Non-binary

**Language:**

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? (must 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 (\$)
<p>*A security audit will be required for any security actions after the FSP application is sent in and if meets criteria. You will be advised by the FSP approver of next steps for PSI (Personal Safety Initiative) consult. See our website for full info; <a href="http://www.msau-mdvs.org.au">www.msau-mdvs.org.au</a></p> <p>Freedom from abuse and violence</p>	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:	\$	
<p>Adult client's physical and mental health and wellbeing</p>	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"/>	\$
<p>Dependent children's physical and mental health and wellbeing</p>	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"/>	\$
<b>Type of assistance required</b>	<b>Description of items/expenditure * Please Tick</b>	<b>Amount required (\$)</b>
<p>AOD counselling</p>	Adult <input type="checkbox"/> Provider:	\$
	Child <input type="checkbox"/> Provider:	\$
<p>FV counselling</p>	Adult <input type="checkbox"/> Provider:	\$
	Child <input type="checkbox"/> Provider:	\$
<p>Participation in learning and education (adult)</p>	Course fees - TAFE, Uni, vocational training <input type="checkbox"/>	\$
	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 and a copy of your 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)

**\*\*You will be advised by email when application is received and if other information is required\*\***

