



CADA Crisis Counselling Referral Form

Please note: CADA are unable to accept referrals without client consent provided

Referring Agency Details	
Name of referring agency:	
Name of referring employee:	
Phone:	
Email:	
Has the client provided consent to share information?	Date:
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Client Details	
Name:	Date of birth:
Address:	Gender/pronouns:
Contact number:	Email address:
Is it safe to call <input type="checkbox"/> SMS <input type="checkbox"/> Leave voice message <input type="checkbox"/>	Safe to send email Yes <input type="checkbox"/> No <input type="checkbox"/>
If safe to call, what are the safest days/times? Are there any other communication preferences?	Disability? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If so, details:
Cultural identity Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>	Interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/>
South Sea Islander <input type="checkbox"/> Born overseas <input type="checkbox"/>	If so, what language?

Person Using Violence (PUV)	
Name of PUV: Relationship to client: Does the PUV reside with the client? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, what is their current location?	Date of birth: Is there a DVO in place? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, known details/conditions:

Children's Details	
Child 1 Name: Date of birth: Gender:	Child 2 Name: Date of birth: Gender:
Child 3 Name: Date of birth: Gender:	Child 4 Name: Date of birth: Gender:

Reason for referral
<p>For example, crisis counselling, Safety Planning, Safety Upgrades, Children's counselling, Risk assessment, Court Support, Therapeutic DFV Counselling/Group work etc.</p> <p>Details:</p>

Summary of domestic violence/identified risk

If available please also attach the client's current risk assessment and safety plan

Details:

Once referral form has been completed in full, please email to crisis@cada.org.au

Please note: CADA receive a large number of referrals and may have wait times for clients to access support. Referrals are prioritised based on identified risk and vulnerabilities of the individual requiring support. Referrals with insufficient detail may be returned to the referrer to request additional information.

We ask that you ensure your client has access to interim support options (examples listed below) while waiting for CADA to make contact.

- DVConnect Womensline (24/7) – 1800 811 811 / dvconnect.org/womensline
- 1800-RESPECT (24/7) – 1800 737 732 / 1800respect.org.au
- DVConnect Mensline – 1800 600 636 / dvconnect.org/mensline
- 13 YARN – 13 9276 / 13yarn.org.au
- Parentline – 1300 301 300 / parentline.com.au
- Kids Helpline – 1800 551 800 / kidshelpline.com.au