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?** Yes ☐ No ☐

Client Details	
Name: **Address:** **Contact number:** **Is it safe to call** ☐ **SMS** ☐ **Leave voice message** ☐ If safe to call, what are the safest days/times? Are there any other communication preferences? **Cultural identity** Aboriginal ☐ Torres Strait Islander ☐ South Sea Islander ☐ Born overseas ☐ **Does this client identify as LGBTQIA+?** ☐ Yes ☐ No ☐ Prefer not to say ☐ Did not ask Details:	**Date of birth:** **Gender/pronouns:** **Email address:** **Safe to send email** Yes ☐ No ☐ **Disability?** Yes ☐ No ☐ If so, details: **Interpreter required?** Yes ☐ No ☐ If so, what language?

Person Using Violence (PUV)	
Name of PUV: **Relationship to client:** **Length of relationship:** **Does the PUV reside with the client?** Yes ☐ No ☐ **If not, what is their current location?**	**Date of birth:** **Is there a DVO in place?** Yes ☐ No ☐ 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
For example Crisis Counselling, Safety Planning, Safety Upgrades, Children's counselling, Risk assessment, Court Support, Therapeutic DFV Counselling/Group work etc. **Details:**

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