

Family Violence Flexible Support Package Application Form

Purpose

This application is to be used by all case managers who are applying for a flexible packages on behalf of their clients.

Mandatory instructions and information

- Prior to completing this application, please read Women's Health West's Family Violence Flexible Support Package (FVFSP) Guidelines.
- Please complete the following application digitally and email it to Women's Health West at FSP@whwest.org.au. Any printed forms will not be accepted.
- WHW's Coordinator overseeing the Flexible Support Packages is available to discuss applications Monday to Friday between 9am – 2pm by phone on 9689 9588 or at anytime via email at FSP@whwest.org.au.

Please confirm if this application has security items included: Yes No

If you ticked yes, please submit a risk assessment with your application.

1. General information

Client name: Client I.D:

DOB: Ph: No. of accompanying children:

Full address:

Is the package for a dependent child? Yes No

Interpreter Required: Yes No If yes, what language:

Case manager assessment of risk: RAMP Non-RAMP high risk Low/medium risk

Has the applicant received a package previously? Yes No If yes, how many:

Gender: Female Male Non-binary
 Transgender Intersex Other:

Perpetrator: Current intimate partner Former intimate partner Parent
 Adult child Child under 18 years of age Sibling
 Other family member Someone in a familial-like network
 Don't know

FSP Administration only:

FSP total allocation:

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, clearly identifying how the package will support their long term safety, health and wellbeing; AND	<input type="checkbox"/>
2.2	The clients safety and security needs, and independent living goals can be reasonably met through the provision of the package; AND	<input type="checkbox"/>
2.3	The victim/survivor has recently left an abusive situation; OR	<input type="checkbox"/>
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.	<input type="checkbox"/>
2.5	Does this application comply with Women's Health West FV FSP guidelines?	<input type="checkbox"/>
2.6	Are all quotes or invoices attached to the application (please note, all documents need ABN's and payment details to be processed)?	<input type="checkbox"/>
2.7	Has a risk assessment been completed with the client?	<input type="checkbox"/>
2.8	Has consent been sought from the client for the purpose of this application.	<input type="checkbox"/>
2.9	I agree to supporting the client until the completion of the FV FSP or referring the client to another worker or service that will.	<input type="checkbox"/>
3.0	Does your service agree to participate in FV FSP evaluation processes, should this be required by DHHS.	<input type="checkbox"/>

3. Applicant Information

Residency status:

- | | | |
|---|--|---|
| <input type="checkbox"/> Australian citizen | <input type="checkbox"/> Family & spousal visa | <input type="checkbox"/> Working & skilled visa |
| <input type="checkbox"/> Permanent resident | <input type="checkbox"/> Refugee & humanitarian visa | <input type="checkbox"/> Study & training visa |
| <input type="checkbox"/> Visitor & holiday visa | <input type="checkbox"/> Not known | <input type="checkbox"/> Other: |

Current housing type:

- | | | |
|---|--|---|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Refuge/crisis accommodation | <input type="checkbox"/> Public housing |
| <input type="checkbox"/> Private rental | <input type="checkbox"/> Home owner | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Other: | | |

Income source:

- | | | |
|---------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Government payment | <input type="checkbox"/> Mixed |
| <input type="checkbox"/> No income | | |
| <input type="checkbox"/> Other: | | |

Country of birth: Australia Other:

	Yes	No	Not known	Comments
Aboriginal or Torres Strait Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CALD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LGBTI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child protection involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Alcohol
				<input type="checkbox"/> Other drugs
Victoria Police involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there an Intervention Order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have there been breaches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Dependent children details

Total number of dependent children in each bracket:

0 - 12 months:

12 months - 5 years:

6 - 12 years:

13 - 18 years:

	Yes	No	Not known	Comments
Aboriginal or Torres Strait Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CALD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. FSP Item Summary

Flexible Support Packages aim to provide a personalised and holistic response to victim-survivors of family violence. All requests must represent the most cost-effective and appropriate response to support goals and needs identified by the client and case manager. FSP cannot be used to replace or duplicate supports that are readily available through other Local, State, or Commonwealth programs.

Each item requested must be clearly linked to the FV FSP guidelines and to one of the following **outcome areas / types of assistance**:

- A) Freedom from abuse and violence** – e.g. basic material needs including food, clothing, care packs, bills (utilities, phone) and utility debts
- B) Technological safety support** – e.g. CCTV, mobile phone, personal/property alarm; security doors or lighting
- C) Good physical and mental health** – e.g. medical or pharmaceutical costs not covered by Medicare or Pharmaceutical Benefits Scheme, physical aides, counselling or specialist services.
- D) Suitable and stable housing** – e.g. public or private housing debt, mortgage costs, rent in advance, rent arrears, relocation costs, travel costs, furnishings and whitegoods in newly established housing.
- E) Participation in learning and education** – e.g. schooling, educational costs, workforce readiness (for example adult education/TAFE course/school supplies for children).
- F) Financial security and independence** – e.g. clothing, care or placement of pets, outings, financial counselling, wellbeing courses.
- G) Identification and connection with culture and identity** – e.g. travel, culturally specific service support, sporting or cultural activities.

For every item requested please summarise details, see example below:

Type of assistance	Item requested	How does this item link to the FV experienced and Case Plan/Safety Plan Goals?	How does this demonstrate sustainability?	What other funding has been sourced/ what measures have been put in place prior to applying?	Amount
A	Furniture through Amart	<ul style="list-style-type: none"> • The client had to leave all items behind when she escaped the FV. • Her CP goal is to establish a safe and suitable home environment for her and her children. 	Furniture is a once off purchase that will set up the family in their new home in the long run	WERN and St Vinnies were accessed but not all items were available at this time	\$1750.00

Type of assistance	Item requested	How does this item link to the FV experienced and Case Plan/Safety Plan Goals?	How does this demonstrate sustainability?	What other funding has been sourced/ what measures have been put in place prior to applying?	Amount
Total:					

To request more items, please click [here](#) and fill out this form.

6. Client/FV Summary

Approximate date relationship ended (if known):

Is the client linked with a financial counsellor? Yes No

Provide a brief history of violence:

What was the most recent event/what is the current situation?

7. Referring agency

Organisation:

Address:

Phone:

8. Referring worker

Name:

Phone:

Email:

I **agree** that all information is correct to the best of my knowledge. I confirm that I am able to provide a case plan and/or Risk Assessment for the FV FSP if requested by the FSP team or if required for auditing by DHHS or Family Safety Victoria.

Please submit the completed application form and supporting documentation (including quotes, invoices, case plan and risk assessment) via email to FSP@whwest.org.au.