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|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| Referral date                                       |                                                                                                                                                 | Referrer name                |                  |
| Referring Agency                                    |                                                                                                                                                 | Referrer contact information | Email:<br>Phone: |
| Consent from client to share and record information | <input type="radio"/> Yes<br><input type="radio"/> No – If no, please do not share any identifying details<br><input type="radio"/> Other _____ |                              |                  |

## CLIENT INFORMATION

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| Current address |  |
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| Please provide details of any safety concerns |  |
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| Emergency contact (optional) |  |
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| Please detail the individual's | Please provide as much detail: |
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*Document last reviewed 12/2024*

## Additional Referral Program (ARP) – Service Referral Form



|                                                                                                                                                                                                         |                                                                                                                                                                                                                        |                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FAMILY INFORMATION</b>                                                                                                                                                                               |                                                                                                                                                                                                                        |                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |
| <b>Marital status</b>                                                                                                                                                                                   | <input type="radio"/> Single <input type="radio"/> Partnered <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Other<br><input type="radio"/> Unknown |                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |
| <b>Children</b>                                                                                                                                                                                         | <input type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                                                  | <b>Spouse and children names, ages, locations</b><br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>                                                              |                                                                                                                                                                                                                                                          |
| <b>VISA INFORMATION</b>                                                                                                                                                                                 |                                                                                                                                                                                                                        |                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |
| <b>Date of arrival</b>                                                                                                                                                                                  |                                                                                                                                                                                                                        |                                                                                                                                                                                               | <b>Visa on arrival</b>                                                                                                                                                                                                                                   |
| <b>Current visa</b>                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                                                                                                                                                               | <b>Expiry</b>                                                                                                                                                                                                                                            |
| <b>Passport/Immicard/<br/>Other travel<br/>document details</b>                                                                                                                                         | <b>Type of travel document</b>                                                                                                                                                                                         | <input type="radio"/> Passport<br><input type="radio"/> Immicard<br><input type="radio"/> Other (Please detail)                                                                               | <b>Document number</b><br><div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>                                                                                                                                                    |
|                                                                                                                                                                                                         |                                                                                                                                                                                                                        |                                                                                                                                                                                               | <b>Expiry</b><br><div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>                                                                                                                                                             |
| <b>Is client linked with legal support?</b>                                                                                                                                                             | <input type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                     |                                                                                                                                                                                               | <b>Details:</b>                                                                                                                                                                                                                                          |
| <b>OTHER CLIENT INFORMATION</b>                                                                                                                                                                         |                                                                                                                                                                                                                        |                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |
| <b>Please detail client's financial situation</b>                                                                                                                                                       |                                                                                                                                                                                                                        |                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |
| <b>Current housing situation</b>                                                                                                                                                                        | <input type="radio"/> Homeless <input type="radio"/> At risk of homelessness <input type="radio"/> Rental <input type="radio"/> Other<br>Please provide detail:                                                        |                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |
| <b>Please detail any of the below:</b><br>Physical health:<br>Mental health:<br>Identified disability:<br>AOD use concerns:                                                                             |                                                                                                                                                                                                                        |                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |
| <b>ADDITIONAL REFERRALS REQUESTED</b>                                                                                                                                                                   |                                                                                                                                                                                                                        |                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |
| <b>Please tick any other relevant modern slavery support services provided by The Salvation Army.</b>                                                                                                   |                                                                                                                                                                                                                        |                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> <b>Safe House supported accommodation and case management</b><br><i>(Sydney refuge for women who have experienced trafficking and slavery. Accepting referrals nationwide)</i> | <input type="checkbox"/> <b>Non-residential case management support</b><br><i>(Outreach support for women, men and children living in the community)</i>                                                               | <input type="checkbox"/> <b>Referral to Modern Slavery Transitional Housing Program</b><br><i>(Support to access affordable private rental options for eligible individuals and families)</i> | <input type="checkbox"/> <b>Australian Freedom Fund grant</b><br><i>(Grants for essential welfare needs, independent living expenses and family reunification when no other financial support is available. Referrals can come from Australia-wide.)</i> |
| <b>Any other services involved?</b>                                                                                                                                                                     | Agency name:<br>Contact person:<br>Contact phone:<br>Contact email:<br>Consent to share information: <input type="radio"/> Yes <input type="radio"/> No                                                                |                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |