FV Flexible Support Packages are available to people who are experiencing or have experienced family violence. These flexible support packages will deliver a personalised and holistic response to victim/survivors experiencing family violence to assist them to access support to move out of crisis, stabilise and improve their safety, well-being and independence.

FV Flexible Support Package funds cannot be used for any illegal activity, gambling, products or services not identified in the support plan, an emergency housing response, other free / low-cost services readily available within the community or to replace or duplicate supports that are available through other funding sources, including other Local, State and Commonwealth Government programs.

Use of FV Flexible Support Packages must represent the most cost-effective, timely and appropriate response to meet the outcomes identified in a client’s support plan. Due to the limited nature of the funding, it is important that existing sources of funding must be approached prior to disbursement of the FV Flexible Support Package funds.

To ensure the FV funds are not doubling up on existing resources, evidence of attempts to access other relevant funding sources (e.g. HEF, Bond Loan Scheme, etc.) will be required on pages 4-5 of this form.

**Date Application Received:** **Client ID**:

 **VAC Case Worker**: **Date Package Approved:**

**Client Name:**

Address: Postcode:

Phone: Email:

Date of Birth: Centrelink CRN:

**Case Management Agency:**

**External Case Worker:**

 **Phone:**  **Email:**

**Dependent Children ages ( 0-18yrs)**

Name: Age:

Name: Age:

Name: Age:

Name: Age:

**Please give a brief description of the client’s circumstances:**

**Is the client Aboriginal or Torres Strait Islander?**  Yes 🞏 No 🞏

If yes;

Are they Aboriginal but not Torres Strait islander? Yes 🞏 No 🞏

Are they Torres Strait islander but not aboriginal? Yes 🞏 No 🞏

Are they both aboriginal and Torres Strait islander? Yes 🞏 No 🞏

**Is the client from a non-English speaking background?**  Yes 🞏 No 🞏

What is their country of birth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language do they speak at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is an interpreter required? Yes 🞏 No 🞏

**Has the client been diagnosed with HIV?** Yes 🞏 No 🞏

**Has the client been diagnosed with Hepatitis C?** Yes 🞏 No 🞏

 Previously 🞏

**Does the client have a disability?**  Yes 🞏 No 🞏

If yes, please specify:

**Is the client being treated for a mental illness?**  Yes 🞏 No 🞏

If yes, please specify:

**Is the client being treated for substance use?**  Yes 🞏 No 🞏

If yes, please specify substance of choice:

**What gender does the client identify as?**

Male 🞏 Transwoman 🞏 Genderqueer 🞏

Female 🞏 Transman 🞏 Rather not say 🞏

Other 🞏 Please specify:

**How does the client define their sexual orientation?**

Gay 🞏 Bisexual 🞏 Heterosexual 🞏

Lesbian 🞏 Queer 🞏 Rather not say 🞏

Other 🞏 Please specify:

**What is the client’s current housing type?**

**What is the client’s primary source of income?**

$ per week / fortnight / month

**Is there any other source of income?**

$ per week / fortnight / month

**What is the client’s current visa status?**

**Has a Family Violence Risk Assessment been carried out?** Yes 🞏 No 🞏

**Has a case management / safety or support plan identified the way in which a flexible support package would support the client?**

to establish sustainable arrangements that support their Yes 🞏 No 🞏

long-term health and wellbeing

in preventing intervention by child protection Yes 🞏 No 🞏

in leaving their current family arrangements in which Yes 🞏 No 🞏

family violence is occurring.

**Has a copy of the plan been received by VAC?**  Yes 🞏 No 🞏

**What are the desired outcomes identified in the client’s support plan?**

safety and freedom from violence 🞏

access to safe, stable housing 🞏

financial stability 🞏

health and wellbeing 🞏

economic, social and community participation 🞏

independence 🞏

satisfying the needs of dependent children 🞏

**What date is the next review of the client’s of risk and safety planning?**

**Has the client (if a VAC client) been given a copy of the VAC Privacy Statement?** Yes 🞏 No 🞏

**The external case manager will work in tandem with their client to make use of the funding once it becomes available to them. VAC staff will not act on the client’s behalf with respect to suppliers of goods and services.**

**Funding Sources**

Funds required for: Amount: $

Have other agencies been approached for assistance? Yes 🞏 No 🞏

Agency Approached: Date:

What was the outcome?

Funds required for: Amount: $

Have other agencies been approached for assistance? Yes 🞏 No 🞏

Agency Approached: Date:

What was the outcome?

Funds required for: Amount: $

Have other agencies been approached for assistance? Yes 🞏 No 🞏

Agency Approached: Date:

What was the outcome?

Funds required for: Amount: $

Have other agencies been approached for assistance? Yes 🞏 No 🞏

Agency Approached: Date:

What was the outcome?

Funds required for: Amount: $

Have other agencies been approached for assistance? Yes 🞏 No 🞏

Agency Approached: Date:

What was the outcome?

Initial Budget / Expectation of Expenditure

Client Name: Client ID:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Description | Accommodation Expenses | Safety & Security | Financial Stability (Bills, etc.) | Professional Services | Economic & Social (Education & Training) | Health & Wellbeing |
|  |  | $ | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ | $ |
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|  |  | $ | $ | $ | $ | $ | $ |
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|  |  | $ | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ | $ |