



Yellow Gate Referral Form

The Yellow Gate provides free information and support to eligible clients who have experienced, or are experiencing, domestic, family, or sexual violence, in the **Southern suburbs**. This may include one-off face-to-face contact, phone consultations, support over several sessions or in group programs.

The Yellow Gate is funded by both State and Federal Governments and is overseen by Community Justice Services SA. The aim is to provide a prevention and recovery hub, where key services are co-located, and appropriate external service providers can assist with programs or information sessions.

Please note, The Yellow Gate is not a crisis service. If someone is in imminent danger or requires crisis accommodation, they should contact the DV Crisis Line on 1800 800 098 or 000 in emergency situations.

Please email referral form to admin@theyellowgate.org.au

For phone enquires, contact 1300 564 164.

Operating Hours: Monday – Friday, 9:30am – 4:30pm

CLIENT DETAILS

First Name:		Last Name:	
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Date of Birth:		Preferred Pronouns:	<input type="checkbox"/> She/ Her <input type="checkbox"/> They/ Them <input type="checkbox"/> He/ Him <input type="checkbox"/> Other
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Phone:		Safe to call?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Best time to call?		Safe to leave a voicemail?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:		Safe to text?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Preferred contact method		Safe to email?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Address:

Aboriginal or Torres Strait Islander.	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Unsure <input type="checkbox"/>	Australian Citizen or Permanent Resident.	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Temporary Visa.	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Visa type (if known):	
Cultural Identity:		Main language spoken:	

Interpreter Required	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Disability:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify:

Relationship Status:	Married/ De facto <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Single <input type="checkbox"/>
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CHILDREN

Dependent Children:	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Number of dependent children:	
Shared care of children:	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>

CIRCUMSTANCES (Tick all that apply)

Currently in an abusive relationship	<input type="checkbox"/>
Currently residing with person causing harm.	<input type="checkbox"/>
Recently left an abusive relationship (less than 3 months ago).	<input type="checkbox"/>
Left an abusive relationship more than 3 months ago.	<input type="checkbox"/>
Relationship to the person causing harm: (i.e. partner, former partner, other family member)	

WHICH OF THE FOLLOWING SUPPORTS MAY BE OF INTEREST?

- Financial counselling or budgeting assistance
- Accessing employment (e.g. job readiness, resumes, interview skills, linking with job provider)
- Safety planning
- Parenting support
- Self-improvement or therapeutic activities such as art, craft, fitness.
- Legal advice (e.g. Family Law, Intervention Orders etc.)
- Health/ wellbeing support
- Mental Health support
- Accessing education/ training (e.g. TAFE, short courses)
- Linking with substance use supports
- English language courses
- General counselling
- Group work/ programs
- Housing support
- Information on local services
- Where to access material assistance (e.g. food and clothing)

REFERRERS DETAILS

Name:	Service:	Date:
<i>Additional info regarding referral:</i>		
Consent to share information granted: <input type="checkbox"/> Yes <input type="checkbox"/> No		