



# Ballina Women's & Children's Domestic Violence Program

PO Box 128, Ballina 2478

(02) 6686-4109

[dvworker@bbfc.com.au](mailto:dvworker@bbfc.com.au) & [childdv@bbfc.com.au](mailto:childdv@bbfc.com.au)

Referral and Intake Form

Date of contact and referral.....

**Client's name:**

Phone:

Mobile:

**Children's names and ages:**

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**Current circumstances:**

- living with abusive partner?
- separated but experiencing abuse from ex-partner?
- safe to phone landline?       safe to phone mobile?
- client aware of this referral?       expecting a call from us?

**Presenting issues or situation:**

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**Referral agency's current concerns:**

- perception client is at risk?       perception child/children are at risk?
- other concern?

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Referring worker:

Agency:

Phone:

Email: