

Application for Family Violence Flexible Support Package Form Preview

General Information

* indicates a required field

Family Violence Flexible Support Packages

This application form should be used by case managers / support workers applying for a family violence Flexible Support Package (**FSP**) on behalf of a victim survivor of family violence.

Family violence flexible support packages aim to deliver personalised and holistic responses to assist adult and child victim survivors experiencing family violence to transition from crisis, and establish long-term sustainable arrangements to improve their safety, wellbeing and independence in recovery from family violence.

Individualised packages provide flexible brokerage to victim survivors based on their case management/support plan to purchase a range of tailored and practical supports. This may include counselling, wellbeing, education, employment, financial counselling, transport, housing stability, financial security, and other practical or material needs.

Please review the [FSP program requirements](#) before proceeding.

Provider

It is important that you apply through the provider agency assigned to your local DHHS Area or relevant to your specialist need. Once you commence and/or submit this application, you will not be able to change which agency receives the application.

This application will be received by the following provider:

Provider

Malee Sexual Assault Unit and Domestic Violence Services

DHHS area

Malee

I confirm that: *

I have read and understood the family violence Flexible Support Package program requirements

Select: *

I understand that this application will be received and assessed by the above provider agency

The above agency is not the correct agency for my area or specialist need

Wrong Application Form

You have Indicated this is not the correct provider.

Please go back to the [Flexible Support Packages page](#) to find the right provider for your DHHS Area. You will need to contact them and ask for the link to their application form.

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You may wish to delete this application ID from your Organisations List.

Completing This Form

Flexible Support Package providers collect and report data on program expenditure, aligned to the program's four intended outcome areas:

- safety and security
- health and wellbeing
- capabilities to participate; and
- connections to community and culture.

This is an online form. Your answers will go straight into our database and will be used to build the evidence base for and measure the outcomes of the Family Violence Flexible Support Package Program.

Please take care to provide clear and correct responses that will be suitable for this purpose.

Tips:

- The form allows you to flexibly design a package suitable to your client.
- You will only need to complete areas of the form relevant to your clients needs.
- Some questions in the form may have underlying validation such as word limits.
- Some number fields are calculated for you for example total package amounts.

Applicant Agency

* indicates a required field

Applicant Agency

Applicant Agency

Organisation Name

Enter the applicant agency ABN below and click look up to verify. The information in the grey box will automatically populate from the Australia Business Register. You can find your agency's ABN on your SmartyFile profile.

Applicant Agency ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register
ABN

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Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type More information
ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

Applicant Agency Post Code *

Address

Applicant Agency Website

Must be a URL.

Case Worker / Support Worker / Practitioner

Person managing the case *

First Name

Last Name

Position *

Phone Number *

Include area code (XX) XXXX XXXX

Mobile Phone Number

Must be an Australian phone number.

Email *

Must be an email address.

Supervisor

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A supervisor is the person who might approve applications prior to submission and / or be a senior contact person within the applicant agency.

Supervisor *

First Name

Last Name

Phone Number *

Include area code (XX) XXXX XXXX

Mobile Phone Number

Must be an Australian phone number.

Email *

Must be an email address.

Eligibility and Priority

* indicates a required field

Urgency

It is important that urgent applications are flagged for priority action.

Is this an urgent application? (requires assessment within 1-2 working days) *

- Yes
- No

Reason for Urgency *

- Serious Risk
- Elevated Risk
- Includes an agreed RAMP action

Reason for Urgency Comment *

Word count:

Must be no more than 100 words.

Please include any relevant dates that affect urgency

Eligibility

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To be eligible to access FSP funds, clients must meet the eligibility criteria set out in the [FSP program requirements](#) and [PSI Operational Guidelines](#) (where applicable).

Note: *if you are applying for a PSI response, all eligibility and suitability requirements should have already been checked separately by your local PSI coordinator. Please contact them separately - for information about PSI Coordinators in your areas Please visit the [Flexible Support Packages Page](#).*

Please confirm which of the following apply to ensure your client is eligible for a Flexible Support Package:

I confirm that: *

- The client has experienced, or is experiencing, family violence that has current or ongoing impact
- The client is receiving support from a specialist family violence practitioner or other support service practitioner that is prescribed as Tier 1, 2 or 3 under MARAM; and able to provide continuous support, including ongoing risk assessment and risk management to the victim survivor until the FSP (and/or PSI) process is complete
- The client has had an Intermediate or Comprehensive MARAM risk assessment and safety plan recently completed
- The client has a case management/support plan in place which identifies the way in which a flexible support package would support the victim survivor/s.

At least 4 choices must be selected.

Is the client planning to leave an abusive situation or have the perpetrator removed from the home? *

- Yes
- No

You have indicated that the client is not planning to leave an abusive situation or have the perpetrator removed from the home.

Is your client Aboriginal? *

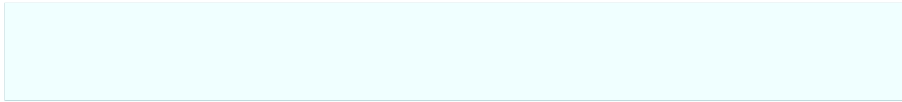
- Yes
- No

Your client is not exempt from this requirement and therefore not eligible for FSP.

The FSP guidelines allow possible exemption to this requirement for Aboriginal Victim survivors who are residing with the perpetrator. If you would like to seek exemption for an Aboriginal victim survivor, you must submit your application to an ACCO FSP provider who will assess your request and provide approval where it is safe to do so.

Please explain why the current living arrangements are continuing and explain how the risk to the victim survivor will be managed in these circumstances including supports / strategies that are in place for the perpetrator that will assist to keep the victim survivor safe. *

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Please read section 5.3.3 of the FSP Program Guidelines for exemption information

Other Avenues of Support Declaration

Flexible support packages can be used where available supports (For example, local, state or Commonwealth Government services) cannot be provided in a timely manner. There is an expectation that other avenues for support are exhausted prior to application of an FSP, for example emergency accommodation supports are only applied when no viable alternative is possible. Similar to debts and fines, there are multiple alternative avenues available in the system that must be exhausted prior to support being provided through an FSP.

A range of concessions are available to all Victorians who are on low incomes or experiencing hardship and need help meeting the cost of living. Further information is [available here](#)

*

I declare that all other avenues of Support have been explored and exhausted.

You will be asked to list the other avenues of support later in the form.

Client Consent Declaration

I confirm that:

I have provided a privacy collection notice to the client in accordance with the Program Guidelines and the client has provided informed consent* (written or verbal) for:

- 1.Their information to be collected and shared on the FSP portal for the purposes of assessing their FSP application
- 2.Sharing their information with third party agencies for the purposes of assessing their FSP Application and liaising with external providers for delivery and payment of approved items;
- 3.The limited access to their information by third party service providers that manage the platform the FSP Portal is hosted on, for administrative and technical support; and
- 4.FSV and DFFH to collect information from the FSP Portal to understand how the platform and related programs are being administered to improve services, which will be on a de-identified basis where possible.

**Please note, informed consent includes full disclosure of all information sought, collected and provided in this application.*

Client Information

* indicates a required field

Client Type

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The below Client Type will determine what additional questions regarding children or siblings are asked later in the form.

Please note that this application form can cater for a wide range of scenarios. This may include a child (person under 18) as the applicant, who may have a child or children of their own.

Client Type *

- Adult
- Child (person under 18 years applying in their own right)

Does the client have a child or children *

- Yes
- No

Is the child victim survivor an adolescent using violence in the home? *

- Yes
- No

Is the child victim survivor linked in with a behavioral support program? *

- Yes
- No

Does the client have a sibling or siblings? *

- Yes
- No

Client Basic Details

Client Name *

First Name

Last Name

Name Type *

The Package Title Is a code that will be used to sort and search for Applications in your list view. Please use the recommended structure below:

Package (Family Group) Title *

Family surname, Quarter, Year - E.G. Sampleson Q3 2019

Unique Identifier

Please List any existing unique identifiers for this client.

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Click **Add More** for multiple ID's

Unique Identifier Source	ID Number.

Has this client received a flexible support package before? *

- Yes
- No
- Unknown

Previous Package

Please provide a brief summary of the previous package. What was it for? How much was provided? the date and provider (if known) and whether the perpetrator of the family violence was the same as this application.

Previously funded items *

tick all that apply

Previous amount funded *

Must be a dollar amount.
Total Package Funded

Date Approved *

Must be a date.

Provider

If known

Previous Perpetrator Details

You can add multiple perpetrators. Please indicate if any of these perpetrators are the same perpetrator of the current family violence

Previous Perpetrator	Previous Perpetrator Name	Same Perpetrator

Demographic Data

* indicates a required field

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Client Data

Client Data helps us to understand and continue to cater for the needs of clients who access flexible support packages.

Gender Identity *

If self described - you may provide detail here

Optional

Does the client have an intersex variation? *

Does the client identify as transgender? *

Sexual Orientation *

Does the client have a long term health issue(s) or disability/ disabilities, relevant to this application? *

Long-term health / disability: *

- Intellectual (including Down syndrome)
- Specific learning / Attention Deficit Disorder (other than intellectual)
- Autism (including Asperger's syndrome and Pervasive developmental delay)
- Developmental delay
- Physical/mobility
- Acquired brain injury
- Neurological (including epilepsy and Alzheimer's disease)
- Deafblind (dual sensory)
- Vision
- Hearing
- Speech
- Psychosocial (including impairments and participation restrictions related to mental health conditions)
- Other:

Choose any that apply

Age

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Do you know the Clients age? *

- Yes
- No

Please Provide the Clients Age and Date of Birth

Age (years) *

Must be a number.

Date of Birth *

Must be a date.

Please provide an estimate of the clients age. You can also add a comment about age if needed.

Estimated Age

Must be a number.

Comment

Cultural Background

Country of Birth *

Start typing to choose an option

Residency Status *

Visa Expiry Date (if Known)

If unknown leave blank

Does the Client identify as Aboriginal and/or Torres Strait Islander? *

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Main language spoken *

Start typing to choose an option

What Indigenous Language Group(s) does the client identify with? *

Start typing language or browse alphabetised language groups.

Children

* indicates a required field

Pregnancy

Is the client pregnant? *

- Yes
- No

Please provide any relevant details about the pregnancy that may inform assessment of this package application. *

Word count:

Must be no more than 100 words.

For example risks, multiple birth, time frames, existing Child Protection involvement, court orders, custody arrangements etc.

Child Information

How many children (not including any unborn child) does the client have? *

Must be a number.

Will the child(ren) be listed as recipient(s) of any of the supports under this package? *

- Yes
- No

You have indicated that the child(ren) will not be direct beneficiaries of this package. Is there any information about the child(ren) that you think is important to share in relation to this application? *

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Word count:

Must be no more than 100 words.

Sibling Information

How many siblings does the client have? *

Must be a number.

Will any of the siblings be listed as recipients of any of the supports under this package? *

- Yes
 No

You have indicated that the sibling(s) will not be direct beneficiaries of this package. Is there any information about the siblings that you think is important to share in relation to this application? *

Word count:

Must be no more than 100 words.

Details

Please complete detailed information for each child (person under 18 years) who will be beneficiaries of the package.

Click **Add More** to add the next child

*

First Name

Last Name

Is this child an adolescent using violence? *

- Adolescent using violence - Is linked to a behavioral support program
 Adolescent using violence - Not currently linked to a behavioral support program
 Not an adolescent using violence

Select the appropriate option

Relationship to the client *

- Biological Child Biological Sibling

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- Legal Child
- Foster Child
- Step Child
- Grandchild
- Legal Sibling
- Foster Sibling
- Step Sibling
- Niece / Nephew / Nibling

Childs Living Arrangements *

- Full Time with Client
- Part time with client and grandparent
- Part time with client and other family member
- Out of home care
- Other

What percentage of the time does the child reside with the client? *

Must be a number.

If not living with client put zero, if full time with client put 100

At the time of this application, does this child (or do they intend to have) their own application. If yes, please provide the Application ID or reference of any existing application. *

E.G. Yes - FSP000XXX

Age *

Must be a number.

What is the child's gender identity? *

Does the child identify as transgender? *

Does the child identify as Aboriginal and/or Torres Strait Islander *

Long-term health / disability *

- Intellectual (including Down syndrome)
- Specific learning / Attention Deficit Disorder (other than intellectual)
- Autism (including Asperger's syndrome and Pervasive developmental delay)
- Developmental delay
- Physical/mobility
- Acquired brain injury
- Neurological (including epilepsy and Alzheimer's disease)
- Deafblind (dual sensory)
- Vision
- Hearing
- Speech
- Psychosocial (including impairments and participation restrictions related to mental health conditions)

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- No health condition or disability
- Prefer not to say
- Don't know
- Other:

Please outline any information about this child, including the living arrangements, impact of the family violence on them or additional risk information, that you feel is important for the evaluation of this application. *

Word count:

Must be no more than 100 words.

NDIS

* indicates a required field

National Disability Insurance Scheme (NDIS)

The National Disability Insurance Scheme (NDIS) is Australia's first national Scheme for people with disability.

The NDIS provides **reasonable and necessary** funding to people with a permanent and significant disability to access the supports and services they need to live and enjoy their life.

Every **NDIS participant** has an individual plan that lists their goals and the funding they have received.

Do any people listed in the application have an NDIS Plan in place? *

- Yes - plan in place
- Assessment pending / underway
- Assessment required / awaiting assessment
- No

No Disability

Previous responses in this form indicate the National Disability Insurance Scheme (NDIS) is not relevant to this application, please move to the next page.

The **NDIS** funds a range of supports and services which may include education, employment, social participation, independence, living arrangements and health and wellbeing.

While NDIS funding must relate to a participant's disability, some eligible supports may be similar to areas of eligible support under a FSP.

Please review the [NDIS rules](#) and ensure this application does not include any items already funded (or is intended to be funded) under the clients NDIS Plan.

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Please provide a brief outline of who the NDIS Plan(s) are for, what it covers or intends to cover: *

Word count:

Must be no more than 150 words.

E.G. housing, connection to community etc

Confirmation of no duplication with NDIS: *

I confirm that the NDIS plan(s) do not already fund items sought in this application.

Family Violence

* indicates a required field

Family Violence Experienced

Please complete a Perpetrator Family Violence Summary for each perpetrator.

If there is more than one perpetrator, click **Add More** at the bottom right to add another summary section.

Perpetrator and Family Violence Details

Perpetrator's (person using violence) relationship to the client *

Note child may be an adult or young person

Perpetrator age group *

- Adult (over 18 years)
 Adolescent who uses violence (under 18 years)

Perpetrator

First Name

Last Name

If Known

Gender *

Type of family violence experienced *

- Physical
 Sexual
 Emotional or psychological (incl spiritual and social)
 Economical
 Threats
 Coercion

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Exposure to FV (for applications for victim survivors under 18 yrs)
Tick all that apply for this perpetrator

Risk level *

according to MARAM

Is there an IVO *

- Limited Order
- Full Order
- Cross Application
- No

Please note this is not an eligibility requirement

If an IVO is in place please provide a brief description of the terms: *

IVO End Date (if relevant and known)

if no IVO or date unknown leave blank

Please provide a brief description of the current situation, history of the family violence, the impact on the client and any children or siblings and any other details relevant to understanding the risk: *

Word count:

Must be no more than 350 words.

Family Violence Risk Assessment

Date risk assessment completed: *

Must be a date.

Date of last review of risk and safety: *

Must be a date.

Child Protection

Is there a case plan in place with child protection in relation to the child(ren)? *

- Yes
- No

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Please outline any relevant information regarding the case plan. Including how the case plan relates to the experience of family violence; Any relevant orders in place; how long the plan is intended to be in place and which child(ren) it relates to. *

Word count:

Must be no more than 200 words.

Housing and Finance

* indicates a required field

Housing Status

Is the client currently living with the Perpetrator of the family violence? *

- Yes
- No

Housing status at the time of application *

- Homeless (including rough sleeping, couch surfing etc)
- Short-term or emergency accommodation (excluding FV refuge)
- Family violence refuge
- Medium-term or transitional housing
- Long-term housing
- Out of home care

Long term housing type *

- Supported accommodation program
- Public housing
- Social / community housing
- Private rental
- Own home

Has the client requested a transfer from their short term or medium term / transitional housing to something more long term? *

- Yes
- No

How long is the transfer likely to take? *

Days, weeks, months and why?

Briefly explain why no transfer has been sought: *

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Is the current housing situation safe? *

- Yes
 No

Please provide any further detail about the safety and sustainability of the current housing situation that may be relevant to this application: *

Word count:

Must be no more than 150 words.

Employment

Employment status *

Go to this link for more information on what is meant by [Not in the Labour Force](#)

Employment category *

- Full Time Part Time Casual Seasonal
Tick all that apply (EG someone may have mixed employment i.e. have both Part Time and Casual jobs)

Income

Clients main source(s) of income *

- Government pensions and allowances
 Employee income
 Private business income
 Other income
 Nil Income
 Don't know

Type of Government Pension or Allowance *

Please briefly explain the clients income and employment status including explaining any casual or part time work and why the clients main source of income could not fund the items sought in the package: *

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Must be no more than 150 words.

Is the client currently engaged with a financial counsellor? *

- Yes
- No
- Referral pending / on waiting list

Package Cost Items

* indicates a required field

This Package

This page is the detailed package request including the items, their cost and other details that will inform the Provider Agencies consideration of the request. A Package Summary, listing just the items and the cost will automatically be generated on the last page of the application for quick reference of your final package. If you need to make any changes you will need to come back to this page to do so.

- Please select from the Expenditure Items list. If you select 'Other' please specify.
 - Some selections may require further information. Where this is the case, additional information or questions will be enabled in the form below and on the next page.
- Please click **Add More** to add multiple items to your package request. Please ensure you **add all items** to the Package cost Items table **before moving on** to answer any additional questions.
- Please also select a client goal that the item would contribute to.
- **Please note: personal security items must generally be accompanied by an assessment and recommendation from the Personal Safety Initiative Coordinator in your area. No personal security items will be approved without a recommendation or a clear case for urgency.**
- *If you need to apply for a safety and security home audit before seeking funding for security items please select this under Freedom from abuse and violence - Safety and security measures. Your application may be partially approved pending the provision of the Audit.*

Package Cost Items - Detailed Information

Expenditure Items *

Specify If Other

Amount sought (GST exclusive) *

\$

Must be a dollar amount.

Include delivery cost if relevant

GST *

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If you have selected other for Expenditure Item please describe

\$

Must be a dollar amount.

Beneficiary *

Amount Sought (GST Inclusive) *

\$

This amount is calculated

What client goal does this item contribute to? *

Try to select from the list where possible. If no suitable goal is available choose other and write your own. We will update the list over time.

Does this item include delivery costs

Yes No

You should include delivery costs if required

Specify If Other

If you have selected other for Client Goal please describe

Please provide evidence of cost if available - EG quote or link to online store. Do Not Attach Invoices to this application. If application is approved you will be issued with an Invoice Submission form.

Please describe why this item is required (including the impact of the family violence) and how it links to client goals. *

Upload Quote

Attach a file:

Please ensure client address is not included on the quote

Link to item on an online store

Must be a URL.

Package Total

Total Amount Requested

\$

This amount is automatically calculated based on the details entered for each item above.

Total GST

\$

This number/amount is calculated.

Total Amount Requested (Including GST)

\$

This number/amount is calculated.

Other Avenues of Support

Flexible support packages can be used where available supports (For example, local, state or Commonwealth Government services) cannot be provided in a timely manner. There is an expectation that other avenues for support are exhausted prior to application of an FSP, for example emergency accommodation supports are only applied when no viable alternative is possible. Similar to debts and fines, there are multiple alternative avenues available in the system that must be exhausted prior to support being provided though and FSP.

A range of concessions are available to all Victorians who are on low incomes or experiencing hardship and need help meeting the cost of living. Further information is [available here](#)

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Queens Fund

You have sought funding for a **laptop**. Please ensure you explore [Queens Fund](#)

If you have explored already and it is not suitable please include in the list below.

WESnet

You have sought funding for a **mobile phone**. Please ensure you explore [WESnet](#)

If you have explored already and it is not suitable please include in the list below.

PRAP

You have sought funding for **Rent or Bond**. Please ensure you explore [PRAP - Private Rental Assistance Program](#)

If you have explored already and it is not suitable please include in the list below.

HEF

You have sought funding for **Short Term Accommodation**. Please ensure you explore [HEF - Housing Establishment Fund](#)

If you have explored already and it is not suitable please include in the list below.

URG

You have sought funding for a **Utility Bill**. Please ensure you explore [URG - Utility Relief Grant Scheme](#)

If you have explored already and it is not suitable please include in the list below.

Options Explored

Please indicate which other support options you have explored and why they were not suitable or able to be accessed for your client in a timely manner.

Click **Add More** to add all the avenues you have explored.

A range of concessions are available to all Victorians who are on low incomes or experiencing hardship and need help meeting the cost of living. Further information is [available here](#)

Please be thorough, your application has the best chance of being processed quickly if you provide all the detail required upfront. If you have not addressed all other areas of support available the Provider Agency will not be able to progress your application.

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Other Avenue of Support	Reason not accessed
	Must be no more than 75 words.

Additional Questions

* indicates a required field

An Item or items you have selected for this package may require some additional information. If so, the required questions will appear below.

Not all items trigger additional questions so if there are none below please go to the next page.

Please answer any questions below:

Additional Information Safety and Security

You have selected safety and security items.

Please note: To be approved, applications for personal security items must generally be accompanied by an assessment and recommendation from the **Personal Safety Initiative Coordinator** in your area.

However to ensure a timely response to any immediate risks to safety, a small number of basic safety and security responses can be implemented outside the scope of a PSI response and do not require a safety and security audit.

These include repairs to broken doors and/or windows, lock changes and installation of security doors.

Find more information [here](#)

Please select the appropriate status for the PSI and Safety Audit *

- This application seeks funding for the safety and security audit and the PSI recommendations will be provided later
- The safety and security audit and PSI recommendations have been completed and can be attached now
- This application is for basic and / or urgent security items and seeks approval without an audit or PSI recommendation

Approval of Urgent Security Items Without Audit

A small number of basic safety and security responses (including repairs to broken doors and/or windows, lock changes and installation of security doors) can be implemented outside the scope of a PSI response and do not require a safety and security audit.

All other safety and security responses can only be granted exemptions from audits in exceptional circumstances based on urgency and level of risk and after a secondary consultation with your PSI Coordinator.

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Please explain why you think the items you are requesting may be exempt. Where urgent, please provide a clear explanation of the urgency for approving personal security items in the absence of a safety and security audit and state the recommendations from your PSI Coordinator. *

PSI and Safety Audit

Please provide a brief overview of the key points in the PSI response and safety audit. If the client disagrees with the recommendations or audit please provide an explanation. *

Word count:

Must be no more than 150 words.

Upload Copy of PSI recommendations *

Attach a file:

Property Type

Will the security measures be installed in a rental property or property not owned by the Client? *

- Yes - Private Rental
- Yes - Other Non-owner Occupied
- No

Lease

Whose name is the lease in? *

- Client only
- Client and Perpetrator
- Client and other Non Perpetrator

Is an Exclusion Order in place? *

- Yes
- No
- Pending

Is the weekly amount of rent sought: *

- The whole rental amount
- The clients share of rental amount

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If FSP funds are to be used to pay rent there needs to be confidence that it will result in safe and stable housing. Where there is another party to a lease arrangement we need to have some confidence in them continuing to meet their obligations under the lease.

Please provide a brief explanation of the shared accommodation arrangements and what assurances you have that the other party to the lease can and will continue to meet their share of the rent. *

How many weeks rent will the amount sought in this application cover? *

Must be a number.

Please outline the plan for meeting future rent payments not covered in this application: *

Word count:

Must be no more than 100 words.

Property Information

Has the property owner's written consent been obtained to install security measures? *

- Yes
- No
- Pending

Pending means consent sought but not yet received

Please upload a copy of the written consent *

Attach a file:

At the end of the lease or housing arrangement, what is the agreed plan for removal of the security items, reinstallation at a new property and make good at the outgoing property?

How will the removal and reinstallation be financed? *

Word count:

Must be no more than 100 words.

How will repairs to make good the original property be completed and financed? *

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Word count:

Must be no more than 100 words.

Personal safety or duress device

Please describe why a separate personal safety or duress device is required over and above a mobile phone? *

Word count:

Must be no more than 100 words.

Cameras

Is there an intervention order in place? *

- Yes
- No
- In progress

Vehicle Purchase

You are seeking funds for items relating to the purchase of a vehicle. Some additional information will be required to consider this request. As you respond to the questions below, additional questions may appear.

In the first instance the client must have a current drivers licence.

Does the Client have a current drivers licence? *

- Yes
- No

Vehicle Purchase Not Eligible

You cannot apply for funding for a vehicle where your client does not have a driver's licence.

Please explain how the client will be able to afford to run and maintain a vehicle: *

Word count:

Must be no more than 100 words.

Why is public transport not an option? *

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Word count:

Must be no more than 100 words.

Has the client identified a vehicle? *

- Yes
- No - Seeking pre-approval for funds

Pre-approval can include approval for a RACV check and approval for the vehicle costs pending receipt of the RACV check.

RACV Check

You are seeking funding for a RACV check. Please note that funding for the RACV check can be approved however the funding for the vehicle purchase itself can only be **approved in principle** until you have provided a copy of the RACV check.

Cars purchased with FSP funding must have a RACV Comprehensive Check.

Has the RACV Comprehensive Check been completed? *

- Yes
- No

Please upload copy of RACV Check *

Attach a file:

Is the vehicle from a dealership? *

- Yes

Is the dealership car yard a member of Victorian Automobile Chamber or Commerce (VACC)? *

- Yes
- No

Does the amount sought for the vehicle include all on road costs? *

- Yes
- No

Verification of value

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Valuation Amount *

\$

Must be a dollar amount.

Valuation Type *

- RedBook
- Carsales

Please attach copy of Valuation *

Attach a file:

Cars purchased with FSP funds must be registered for at least 6 months and Insured. Please select which registration and insurance options apply:

Registration *

- Car Identified - Already registered for 6 months or more
- Car not identified - Will only consider registered vehicle
- Cost to register included in FSP costs above
- Cost to register not required

Insurance *

- Cost to insure included in FSP Costs above
- Insurance costs not required

Attach copy of Registration *

Attach a file:

You have indicated the cost of registration is not required as part of this package. Please explain how the registration will be paid for: *

Word count:

Must be no more than 50 words.

You have indicated the cost of insurance is not required as part of this package. Please explain how the insurance will be paid for: *

Word count:

Must be no more than 50 words.

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It is recommended that vehicles purchased with FSP funding are under 4 cylinders and with less than 150,000km on the odometer. This helps to ensure the ongoing costs are as cost effective as possible for the Client.

Please select the appropriate answers below:

Engine *

- 4 cylinders
- Electric / hybrid
- over 4 cylinders

Odometer Reading Kilometres *

- Under 150,000
- Over 150,000

Please explain why the vehicle does not meet the recommendations. *

Word count:

Must be no more than 100 words.

Repairs to Vehicle

Please attach proof of ownership *

Attach a file:

Rego or Insurance in clients name

Vehicle valuation *

Must be a dollar amount.

Repairs cost *

Must be a dollar amount.

Repairs as Percentage of Car Value *

This number/amount is calculated.

Why does the vehicle require repair? *

- Wear and Tear
- Incident / Accident

Please explain why insurance is not covering the cost of repair: *

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Word count:
Must be no more than 50 words.

Driving Lessons

How many lessons? *

Must be a number.

Is the amount sought in this package sufficient to gain a licence? *

- Yes
 No

Please outline the overall plan for the outcome of driving lessons including whether costs sought include testing and plan to access/acquire a vehicle: *

Word count:
Must be no more than 50 words.

Legal Fees

Please provide an overview of the legal services to be provided: *

Word count:
Must be no more than 150 words.

It is a requirement to include a quote for legal services. Have you attached a quote? If not please go back and do so.

Please explain if the legal fees could come out of any settlement and if not why not: *

Word count:
Must be no more than 50 words.

Are there likely to be any future legal fees associated with the matter needing legal support and if so what is the likely approach to managing those fees in future? *

Word count:
Must be no more than 50 words.

Therapeutic Interventions

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Does the client have a Mental Health Care Plan (MHCP) in place? *

- Yes
- No

Please select the most appropriate option for why additional support over and above the MHCP is needed: *

- All sessions under the MHCP have already been used
- The number of available sessions under the MHCP is insufficient to address the need
- The family violence situation requires different / additional services than those accounted for under the MHCP

Tick all that apply

If you have not considered a MHCP as an option for supporting the client in seeking the therapeutic support needed you should discuss this option before applying for therapeutic support under a flexible support package or provide an explanation.

Please explain why a MHCP is not an option for the therapeutic interventions you have included in this package *

Word count:

Must be no more than 150 words.

This might include the type of supports available under a MHCP

Please explain why community counselling or therapy is not possible / appropriate: *

Word count:

Must be no more than 100 words.

How many sessions are you seeking support for? *

Please note you can apply for as many sessions as is required however, a maximum of 6 sessions are able to be prepaid. Payment for the remaining sessions will be negotiated during the period of support.

Please explain what plan is in place for any future counselling or therapy sessions. *

Word count:

Must be no more than 100 words.

Education Costs

Do the education costs sought include school / course fees? *

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- Yes
- No

What period of education will the support for fees cover? *

- A single Term / Semester
- Multiple Terms / Semesters
- A full year of education
- An entire course

Please confirm if any advocacy work has been undertaken to have fees waived or a payment plan implemented; and the results of these enquiries: *

Word count:

Must be no more than 100 words.

Payment of Debts

You have sought funding for mortgage payments. Please provide the following additional information.

Who's name is the Mortgage in? *

- Client only
- Client and Perpetrator
- Client and other Non Perpetrator

Is there an exclusion order in place? *

- Yes
- No
- Pending

How many months mortgage payment will the funding sought cover? *

Must be a number.

You have sought funding to pay debt - please provide the following additional information.

Please briefly describe the debt - what is it for, who is it with. *

Word count:

Must be no more than 100 words.

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Who's name is the debt in? *

- Client only
- Client and Perpetrator
- Client and other Non Perpetrator

Is the Funding sought intended to *

- Pay the debt in full
- Meet payment obligations for a period of time

Is the amount sought: *

- The entire repayment amount
- Only the clients share

How many months of repayment obligations will the funding sought cover? *

Must be a number.

You are seeking funding to to make payment on a debt that is not solely in the client's name.

Please provide a brief explanation of the shared debt arrangements and what assurances you have that the other party to the debt can and will continue to meet their share of the repayments. *

Word count:

Must be no more than 100 words.

You are seeking funding to pay in full a debt that is not solely in the client's name.

Please explain whether / how ownership of the asset against which the debt is held will be transferred to the client upon repayment of the debt: *

Word count:

Must be no more than 100 words.

Please outline how getting this relief now will be sufficient to stabilize the situation. How will the client manage the debt in the long term . *

Word count:

Must be no more than 100 words.

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Please outline whether the hardship area of the lending institution or creditor has been contacted and the result of any contact: *

Word count:

Must be no more than 100 words.

Package Summary

Package Cost Items

The below is a Summary of the package to be requested based on details provided at page 10. If you need to make any changes to what you see here, you will need to go back to page 10 to edit the package.

Expenditure Items	Specify If Other	Amount Sought	GST	Amount Sought (GST Inclusive)
This question is read only.	If you have selected other please describe This question is read only.	This question is read only.	This question is read only.	This question is read only.

Total Package Amount

Total Amount Requested (GST exclusive)

\$

This amount is automatically calculated based on the details entered on page 10 for each item above.

Total GST

\$

This number/amount is calculated.

Total Amount Requested (GST Inclusive)

\$

This number/amount is calculated.

Documentation

Please Add any supporting documents you think are relevant to the assessment of this application.

- You can optionally add a note or comment to highlight to the Provider Agency why you have included the document.
- Do not attach invoices to this form. If the application is approved you will be issued with an Invoice Submission form.

Click Add more to add items.

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Document	Upload Document	Note / Comment

Declarations

* indicates a required field

Applicant Agency Declarations

I confirm that: *

- All supporting documentation, including any quotes have been attached to this application
 - Where the application includes expenditure for a Personal Safety Initiative response, a recommendation from a Personal Safety Initiative Coordinator / agency has been completed and attached to the application
 - This application has been reviewed and endorsed by an appropriate delegate within my agency prior to submission
 - The supervisor agrees that they will be responsible for handling any appeal process
 - I am authorised on behalf of the Applicant organisation to submit this application
 - I understand that any appeal would need to be made within 1 week of notification of the decision
 - No officer involved in the development or approval of this application for submission has a conflict of interest.
 - All package recipients have had a recent risk assessment, safety plan and case management / support plan completed
- At least 8 choices must be selected.