

Rights of Seniors in the East (ROSE)

Email Address: ROSE@eclc.org.au

ROSE Referral Form – Important information

This is the referral form for Rights of Seniors in the EAST (ROSE). This form outlines ROSE's eligibility criteria and the information we need to make an assessment of your client referral. To assist with this assessment, please attach any court orders/documents.

Eligibility:

For your client to be eligible for assistance from ROSE, **the following criteria must be met:**

- 1) 50 years and over if identifies as a member of the ATSI Community; or
- 2) 65 years and over if not a member of the ATSI Community; and
- 3) The client is experiencing or is at risk of experiencing Elder Abuse; and
- 4) The client presents with at least one legal issue; and
- 5) The client also needs or is likely to need support or assistance from an elder abuse advocate and/or financial counsellor; and
- 6) There is no conflict of interest with our existing clients (see explanation below); and
- 7) The client lives in Melbourne's east (Boroondara, Knox, Manningham, Maroondah, Whitehorse or the Yarra Ranges).

Consent:

We ask that you have your client sign the consent found at the end of this form. Informed consent allows for information within the referral form to be shared with ROSE.

Conflict Checks:

As a legal centre, we need to ensure that there is no 'conflict of interest' in providing a person with legal advice, therefore a conflict check must be completed **before** we are able to receive your referral.

Therefore, we ask you to:

1. Contact the office on (03) on 9762 6235 and to speak with a member of our team. You will need to provide all names associated with the matter. Please include your client's full name and date of birth and ALL other persons, including full names and dates of birth, if known.

OR

2. Fill out **only** the Client Name and Other Parties section of the referral form below and await response to confirm that the client does not pose a conflict to the ROSE Program. Should there be a conflict, please be assured we will work with you to help provide appropriate referrals to use instead.

ECLC Office Locations

Box Hill Office

Suite 3, Town Hall Hub
27 Bank Street
Box Hill VIC 3128
Ph: (03) 9285 4822

Boronia Office

Suite B, 6 Floriston Road
(PO Box 747)
Boronia VIC 3155
Ph: (03) 9762 6235

Healesville Office

Healesville Community Link
110 River Street (PO Box 79)
Healesville VIC 3777
Ph: (03) 5962 1665 or 1300 79 70 88

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Please note, you must still fill out ALL names on the referral form when completing the form, as a secondary conflict check will be completed upon receipt of the referral.

Service:

What is Elder abuse?

Elder abuse is an act, or failure to act, which causes harm or distress to an older person and is conducted by a person in a relationship of trust with the older person. The abuse may be **physical, psychological, emotional, sexual, financial** or **neglect**.

ROSE is an integrated, multi-disciplinary team comprising a lawyer, advocate and financial counsellor, who work with a client together except where a client does not consent to this approach.

We provide assistance for the following legal issues:

- Family Violence
- Breach and revocation of Powers of Attorney
- Breakdown of Family Care Agreement
- Guardianship
- Grand parenting rights
- Guarantor issues
- Access to welfare
- Theft
- Misappropriation of funds
- Infringements
- Undue influence

Where ROSE cannot assist with a particular legal issue, such as drafting Enduring Powers of Attorney or Wills, or does not have capacity to assist your client, the service will refer the client to an alternative service at ECLC or another organisation for assistance.

Enquiries:

If you have any further enquires in relation to the Program, potential referrals, or you would like a secondary consultation you may wish to contact the Centre directly. Please see a list of contact options below:

1. Our service can be contacted on 9285 4822 if you'd like to request a conflict check, discuss a potential referral, enquire about referral pathways or if you have questions in relation to the Program.

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2. Please feel free to email your enquiries to ROSE@eclc.org.au

Please note, we endeavour to respond to your enquiries as soon as possible. If you are not able to reach a member of the ROSE team via phone, please leave a name and contact number and a member of the team will call you back as soon as possible.

Thank you, the ROSE Team

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ROSE Referral Form		
Client Name:	DOB:	SUBURB:
Is the client experiencing or at risk of experiencing Elder Abuse	<input type="checkbox"/> Yes – please proceed <input type="checkbox"/> No – please call 9285 4822 to discuss other options available to your client with Eastern Community Legal Centre	
OTHER PARTY NAME/S : (this includes anybody else that may be involved in this matter) Please note: Relationship to Client includes Adult Child, Carer, Spouse, other family or someone in a trusted relationship with client.		
Other Party : Relationship to client:	DOB (if known)	
Other Party : Relationship to client:	DOB (if known)	
Other Party : Relationship to client:	DOB (if known)	
Intake team contacted to complete a conflict check	<input type="checkbox"/> Yes – please proceed <input type="checkbox"/> No – please contact the Centre on 9285 4822 before continuing	
Has the client consented to their information being shared with ROSE?	<input type="checkbox"/> Yes – please complete bottom Consent Section <input type="checkbox"/> No – do not proceed without express consent	
Identified priority areas (please include all relevant information)		
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander Mob/Tribe: If yes, must be over 50. If no, must be over 65. <input type="checkbox"/> LGBTQI	<input type="checkbox"/> Refugee/Migrant/CALD Is the client an Australian citizen? If no, have they been in Australia for less than 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Mental Illness <input type="checkbox"/> Disability Please provide details:	<input type="checkbox"/> Remote/Isolated (Remote is not strictly defined by geographical distances, but rather will include people who have poor/limited and or infrequent access to services)	
Legal, Social and Safety Referral Information		
If current risk assessment completed, does the client consent to share it?	<input type="checkbox"/> No <input type="checkbox"/> Yes – client does not consent to it being shared <input type="checkbox"/> Yes - I have attached a copy of the consent form and the risk assessment	

ROSE Referral Form

Summary of identified legal needs: (Please note: The client must have at least 1 legal need)	1) 2)		
Are there any Court orders in place? E.g. Family Violence Intervention Order, Family Law or Guardianship	<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>I have attached a copy of orders</i> Brief Description:		
Are there any upcoming Court dates?	<input type="checkbox"/> No <input type="checkbox"/> Yes – <i>please specify details below</i>		
Why is client being referred to ROSE for ongoing casework? (details required)			
What support services is client engaged with?	<input type="checkbox"/> EDVOS <input type="checkbox"/> ACCO's <input type="checkbox"/> Counselling <input type="checkbox"/> Police/ Courts <input type="checkbox"/> Housing <input type="checkbox"/> Support worker <input type="checkbox"/> Other – <i>please specify</i>		
Does the client have any additional needs?	<input type="checkbox"/> Cultural support <input type="checkbox"/> Mobility support <input type="checkbox"/> Transport/outreach <input type="checkbox"/> Other – <i>please specify</i>		
Does the client require an interpreter?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what language?		
Can client be contacted directly?	<input type="checkbox"/> Yes <input type="checkbox"/> No, best contact person:		
Contact details for client	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;"> Contact number: Alternate contact number: </td> <td style="border: none; width: 40%;"> <input type="checkbox"/> Safe to leave voicemail/text? <input type="checkbox"/> Safe to leave voicemail/text? </td> </tr> </table>	Contact number: Alternate contact number:	<input type="checkbox"/> Safe to leave voicemail/text? <input type="checkbox"/> Safe to leave voicemail/text?
Contact number: Alternate contact number:	<input type="checkbox"/> Safe to leave voicemail/text? <input type="checkbox"/> Safe to leave voicemail/text?		
Any additional comments or information:			
Referral made by & date:			
Contact details of referrer:			
Consent Please choose one of the following :	<input type="checkbox"/> I give my consent for this referral to proceed and for my details to be provided to the ROSE program. Client signature : <hr style="width: 80%; margin-left: 0;"/> <input type="checkbox"/> I have attached our centre's consent form signed by the client.		