Contact other local services after receiving an initial referral

This chart was developed to assist services to identify agencies in sectors other than their own, to encourage initial contact and action planning.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</table>
| Does the initial contact information suggest any child neglect or cruelty? | Yes | → Contact the local child protection service  
Phone: XXXX |
|                         | No  |    |
| Does the initial information suggest possible neglect or concern about an older person? | Yes | → Contact the local council HACC program  
Phone: XXXX  
or local ACAS  
Phone: XXXX |
|                         | No  |    |
| Does the initial information suggest possible animal neglect or concerns about animal welfare? | Yes | → Contact: RSPCA Victoria  
Phone: 9224 2222  
DEPI (livestock)  
Phone: 136 186 |
|                         | No  |    |
| Does the initial information involve accumulation of garbage or animal waste?  
Is there an odour? Are there insects or rodents?  
Is hoarding level rated 5+ on the Clutter Image Rating Scale and increasing the risk of fire?  
Are there working smoke alarms, and where should they be installed?  
Are utilities (gas, water, electricity) connected and operating?  
Are there risk and safety concerns? | Yes | → Contact your local municipal council environmental health department  
Phone: XXXX |
|                         | No  |    |
| Does the initial information involve building structural problems; tall grass; the accumulation of non-rubbish collection items? | Yes | → Contact the appropriate local municipal council service  
Phone: XXXX  
• building department  
• local laws  
• town planning |
|                         | No  |    |
| Does the initial information involve possible mental health issues? (including alcohol and drug concerns) | Yes | → Contact mental health services: psychiatric triage.  
For catchment-specific triage telephone numbers, refer:  
|                         | No  |    |
| Does the initial information suggest possible mental health issues? (including alcohol and drug concerns) | Yes | → Contact appropriate utility providers (gas; electricity or water)  
Phone: XXXX |
|                         | No  |    |