

Please note, client *must* be willing to live in Broken Hill and be voluntarily seeking seeking support.

Date of Referral: _____ Organisation/Correctional Centre: _____

Name of Referrer: _____

Contact Details: Phone _____ Email _____

Eligibility	No	Yes	Unsure
Client is Aboriginal and/or Torres Strait Islander? *			
Client is aged 18 or over*			
Client is currently in prison*			
Issues/needs? Must have >2 of the below to be eligible			
Accommodation			
Physical Health			
Mental Health			
Alcohol and/or Drug misuse			
Domestic and Family Violence			
No Family or Community connections			

**If no – Client is ineligible*

Client Details

Client Name: _____ DOB: _____ MIN: _____

Gender: Male ☐ Female ☐ Other ☐

Cultural Identity: Aboriginal ☐ Torres Strait Islander ☐ Aboriginal & Torres Strait Islander ☐

Language(s) spoken: _____ Country of Birth: _____

Children: No ☐ Yes ☐ Ages: _____ Living with: _____

Please tick LSI-R category ☐ Low ☐ Medium-Low ☐ Medium ☐ Medium-High ☐ High

LSRI Score : _____

Health condition(s): No ☐ Yes ☐ Specify: _____

Disability or Impairment: No ☐ Yes ☐ Specify: _____

Mental Health Condition(s): No ☐ Yes ☐ Specify: _____

Prescribed medication: No ☐ Yes ☐ Specify: _____

History of AOD use: No ☐ Yes ☐ Specify: _____

Broken Hill
427 Argent Street
PO Box 319
Broken Hill 2880

phone (08) 8088 1617
fax (02) 9211 6518

Wilcannia
37 Reid Street
Wilcannia 2836
phone (08) 8083 8960

email info@crcnsw.org.au

Current Situation

☐ **In Custody: Sentenced**

(Referral must be received at least 3 months prior to release)

☐ **In Custody: Remand**

Current/Most Recent Conviction(s): _____

Length of Full Sentence: _____ Sentence Start Date: _____ Release Date: _____

Parole? Yes ☐ No ☐ Duration of Parole: _____ Bond? Yes ☐ No ☐ Duration of Bond: _____

Parole conditions if known: _____

What will be / what is the client's current housing situation?

☐ Homeless ☐ HNSW Temporary Accommodation (TA) ☐ Family/Friends ☐ Return to previous accommodation

Slept rough/couch surfed/stayed in nonconventional accommodation in last 12 months: Yes ☐ No ☐

Time since last permanent place to live: _____ Suburb (if applicable): _____

Offending History

Number of previous incarcerations: _____ Adult: _____ Juvenile: _____

Past Offences: _____

Is the applicant on the Child Protection Register? Yes ☐ No ☐

Details of Charges Pending / Court Dates: _____

History of Violence in Custody or Community Yes ☐ No ☐

If Yes, please outline: _____

What are the Client's Support Needs?

Other Agencies Providing Support Service(s) to Client

Note to referrer: With client consent you can provide any additional documents to support the referral.

Additional documents may also assist in assessing client support needs.

I _____ (print name) am voluntarily seeking support with CRC
I give permission for my personal information to be accessed by the Community Restorative Centre in order
to assist with my case management.

I agree that my details will be placed on the CRC database for the purpose of case-management.

I understand that all information collected for the purposes of research and evaluation will be de-identified.

I understand my name or other kinds of identifying information will not be attached to any data gathered.

I consent to de-identified information being used for the purposes of CRC conducting evaluation and
research into the services it provides. I understand that de-identified information might be accessed by CRC
after I am no longer participating on the CRC program.

Client Signature

Worker / Referrer Signature

Date

Date

NOTE: CLIENT MUST SIGN CONSENT BOX ABOVE IN ORDER FOR REFERRAL TO BE CONSIDERED