

Date of Referral: \_\_\_\_\_ Organisation/Correctional Centre: \_\_\_\_\_

Name of Referrer: \_\_\_\_\_

Contact Details: Phone \_\_\_\_\_ Email \_\_\_\_\_

## Client Details

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MIN: \_\_\_\_\_

Gender: Male  Female  Other

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Next of Kin / Contact: \_\_\_\_\_ Phone of Next of Kin / Contact: \_\_\_\_\_

Cultural Identity: Aboriginal  Torres Strait Islander  Other \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Children: No  Yes  Ages: \_\_\_\_\_ Living with: \_\_\_\_\_

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: \_\_\_\_\_

## Current Situation

In Custody: Sentenced  In Custody: Remand  In Community

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

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: \_\_\_\_\_

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): \_\_\_\_\_

What area would you like to live in (if in community): \_\_\_\_\_

## Domestic & Family Violence

Have you ever been a primary or secondary victim of family or domestic violence?      Yes       No

*This can include emotional abuse, physical assault, sexual assault, verbal abuse, financial abuse, psychological abuse, controlling or intimidating behaviour, isolating a woman from her friends and family, stopping a woman from practicing her religion.*

## 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:

## Reason for Referral

- Casework support and referral
- Participation in recreational activities and groups
- Safe social space
- Freedom/ New Release Pack and or Art Pack

## 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.  
I hereby give permission for my personal information to be accessed by Community Restorative Centre (CRC), in order to assist with my case management. I agree that my details be placed on the Specialist Homelessness Services database (CIMS) and the CRC database where my details will be de-identified (name not associated with information) when used for data collection.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Worker / Referrer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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