

Date of Referral: _____ Organisation/Correctional Centre: _____

Name of Referrer: _____

Contact Details: Phone _____ Email _____

Client Details

Client Name: _____ DOB: _____ MIN: _____

Gender: Male Female Other

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** **Post-Release: 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): _____

In order to place the client with the most suitable CRC team, please choose ONE area below:

**Penrith / Blue Mountains/
Hawkesbury LGA**
(Single Men & Women)

Inner City Sydney
*(Single women with /without
accompanying children)*

Boarding House Outreach Service-
Inner West / Inner City
*(Single men to be living in boarding house
accommodation)*

251 Canterbury Road
Canterbury NSW 2193

postal address
PO Box 258
Canterbury NSW 2193

phone (02) 9288 8700
fax (02) 9211 6518
email info@crcnsw.org.au

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.

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