

Reintegration Housing Support Program

Pre-Release Referral Form

Correctional Centre (if applicable): _____ Housing office: _____

Name of Referrer: _____ Date of Referral: _____

Contact Details: Phone _____ Email _____

Client Details (please complete all information that is available to you)

Client Name: _____ DOB: _____ MIN: _____

Address: _____ Phone number: _____

Gender: Male Female Non Binary Prefer not to say Other identity

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

Current/Most Recent Conviction(s): _____

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

Parole? Yes No Duration: _____ Community Order? Yes No Type: _____ Duration: _____

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

TFILE (Tenant/housing) Number (if applicable) _____

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:

Strawberry Hills

Mount Druitt

Liverpool

Newcastle

Coniston

Dubbo

251 Canterbury Road
Canterbury NSW 2193

postal address
PO Box 258
Canterbury NSW 2193

phone
fax
email

(02) 9288 8700
(02) 9211 6518
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