

## Referrer Details

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

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

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

## Eligibility

	No	Yes
<b>Aged over 18 years</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Voluntarily seeking support</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Release date is confirmed <i>*(if not confirmed, refer to asterix below)</i></b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Client is currently in custody or has previously been in custody</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Client is/will be homeless or at risk of homelessness</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Client has needs that require support in the community</b>	<input type="checkbox"/>	<input type="checkbox"/>

*\*If client has pending court matters without a release date, however, it is likely they will be released within 3 months, ensure this information is provided e.g. sentencing is pending, possibility of time served or community based sentence options are likely.*

## Program Selection

Please select **ONE [1]** of the programs below

**Penrith / Blue Mountains/  
Hawkesbury LGA**  
*(Individual people with existing  
connection and returning to  
Penrith/Blue Mountains/ Hawkesbury  
LGAs)*

**Inner City Sydney - Women**  
*(Individual Women with existing  
connection and returning to Inner City  
Sydney, Eastern Suburbs, or Inner  
West LGA)*

**Boarding House Outreach  
Service**  
*(Individual people looking to live in  
boarding house accommodation in  
Inner West LGA)*

## Client Details

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

Gender Identity: Male  Female  Non-Binary  Prefer not to say  Gender Identity: \_\_\_\_\_

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

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

Interpreter required: Yes  No  If yes, preferred language: \_\_\_\_\_

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: \_\_\_\_\_

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

## Current Situation

**In Custody: Sentenced**                       **In Custody: Remand**                       **Post-Release: In Community**  
*(Referral must be received 3 months prior to release date)*

Current/Most Recent Conviction(s): \_\_\_\_\_

Length of Full Sentence: \_\_\_\_\_ Sentence Start Date: \_\_\_\_\_ Release Date: \_\_\_\_\_

Parole? Yes  No  Duration of Parole: \_\_\_\_\_ ICO?  CCO?  Duration of Order: \_\_\_\_\_

Is the client a protected person of an AVO? Yes  No

Will the client need to adhere to conditions of an AVO? Yes  No  Duration of AVO: \_\_\_\_\_

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

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

Post Release Address, Suburb or Community: \_\_\_\_\_

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

Time since last permanent place to live: \_\_\_\_\_ Suburb: \_\_\_\_\_

## Offending History

Number of previous incarcerations:                      Adult:                      Juvenile:

Past Offences:

Is the client on the Child Protection Register? Yes  No  Will the client be electronically monitored? Yes  No

Any outstanding charges? (Provide details e.g., court dates, stage of legal process):

History of Violence in Custody or Community                      Yes                       No

If Yes, please provide details:

## What are the Client's Support Needs?

<input type="checkbox"/> Accommodation/Housing	<input type="checkbox"/> Court Support	<input type="checkbox"/> Financial Support	<input type="checkbox"/> Medical Support
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Cultural Support	<input type="checkbox"/> Gambling Support	<input type="checkbox"/> Mental Health
<input type="checkbox"/> AOD Support	<input type="checkbox"/> Debt	<input type="checkbox"/> Health & Wellbeing	<input type="checkbox"/> Parenting
<input type="checkbox"/> Centrelink	<input type="checkbox"/> Disability Support	<input type="checkbox"/> Identification	<input type="checkbox"/> Parole support
<input type="checkbox"/> Child contact / reconnection	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Immigration Support	<input type="checkbox"/> Recreation/Social Activities
<input type="checkbox"/> Clothing	<input type="checkbox"/> Education	<input type="checkbox"/> Legal	<input type="checkbox"/> Referral to other services
<input type="checkbox"/> Community Connection	<input type="checkbox"/> Employment	<input type="checkbox"/> Literacy Support	<input type="checkbox"/> Relationships
<input type="checkbox"/> Counselling	<input type="checkbox"/> Family Support	<input type="checkbox"/> Living Skills	<input type="checkbox"/> Training
<input type="checkbox"/> Other: <i>please specify</i>			

**Other Agencies or Programs Providing Support Service(s) to Client  
(including recent referrals made)**

**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**