

Referral made from Custody

Surname _____ Given Name _____
 Date of Birth _____ Gender _____ MIN _____
 Country of Birth _____ Cultural Identity _____
 Post-release Address or Suburb _____
 Phone Number _____ Date of Referral _____

Referrer's Contact Details

Name _____ Position _____
 Email _____ Correctional Centre _____
 Phone _____ Mobile _____

Current Sentence & Offending History

Earliest Release Date _____ Length of Sentence _____
 Current Conviction _____ Longest Period Out of Custody _____
 LSI-R Score _____ Low Medium Medium-High High Very High
 Past Offences _____
 Any Outstanding Charges (please provide details) _____
 Parole? Yes No Duration of Parole : _____
 History of Violence in Custody or Community: Yes No
 If yes please provide details _____

Eligibility Criteria

	Yes	No
MUST have a history of problematic AOD use	<input type="checkbox"/>	<input type="checkbox"/>
MUST be voluntarily seeking support	<input type="checkbox"/>	<input type="checkbox"/>
MUST have a history of offending behaviour linked directly or indirectly to AOD use	<input type="checkbox"/>	<input type="checkbox"/>
MUST have at least 1 month before earliest release date	<input type="checkbox"/>	<input type="checkbox"/>
MUST belong to one of the following groups which impacts upon their ability to access mainstream AOD services:		
Cognitive Impairment If yes please provide diagnosis _____	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health If yes please provide diagnosis _____	<input type="checkbox"/>	<input type="checkbox"/>
Women with dependent children	<input type="checkbox"/>	<input type="checkbox"/>
Aboriginal	<input type="checkbox"/>	<input type="checkbox"/>

Risk (Please attach any assessment relevant to risk)

Does the person have a record of risk?

A) To themselves: _____

251 Canterbury Road
 Canterbury NSW 2193

postal address
PO Box 258
Canterbury NSW 2193

phone
fax
email

(02) 9288 8700
(02) 9211 6518
aod.transition@crcnsw.org.au

B) To others: _____

Please outline any challenging behaviours or violent history _____

Offending History *Please describe link between AOD use and offending behaviour*

Treatment History *Please describe the person's difficulties accessing mainstream AOD services*

Drugs & Alcohol

Please describe the person's AOD history _____

Please describe the person's current AOD use _____

Please outline the specific assistance required _____

*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 held by Corrective Services NSW to be accessed
by Community Restorative Centre (CRC), in order to assist with my case management and AOD
support. I agree that my details be placed on the CRC database and NADAbase 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