

# Pathways Home Referral Form

## Referrer details

Date of Referral:  Name of Referrer:

Correctional Centre / Organisation :

Referrer Phone :  Referrer Email:

## Program

☐ Young person is residing in, or intending to reside upon release in Greater Metropolitan Sydney including:

- Eastern suburbs
- Inner West
- Northern Sydney
- South Eastern Sydney
- Sydney
- South Western Sydney (part)
- Western Sydney (part)

## Eligibility If NO, client is ineligible and can be supported to explore alternative options

Young person is 10-24 years of age? ☐ Yes ☐ No

Does young person require AOD support? ☐ Yes ☐ No

Young person is currently in custody or previously been in custody? ☐ Yes ☐ No

Residing in, or intending to reside in upon release, in Greater Metropolitan Sydney - see above under Program ☐ Yes ☐ No

## Young person details

Name:  Date of Birth:

Address:

Mobile Phone:  CIMS/MIN #:

Gender identity: ☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to say ☐ Other

Cultural identity: ☐ Aboriginal ☐ Torres Strait Islander ☐ Other

## Young person details continued

Country of birth:  Languages spoken:

Interpreter required? ☐ Yes ☐ No If yes, preferred language:

Children: ☐ Yes ☐ No Ages:  Living with:

Emergency contact name and number:

Relationship to client young person:

Health conditions: ☐ Yes ☐ No Specify:

Disability or impairment: ☐ Yes ☐ No Specify:

Mental Health Condition(s): ☐ Yes ☐ No Specify:

Prescribed medication: ☐ Yes ☐ No Specify:

History of AOD use: ☐ Yes ☐ No Specify:

## Current situation

☐ In custody: sentenced ☐ In custody: remand ☐ Post-release: in community ☐ Post-release: bail

Current/most recent charge/charges:

Length of full sentence:  Sentence start date:

Sentence Finish date:  Release date:

Youth Justice Supervision/Parole? ☐ Yes ☐ No Duration:

☐ ICO ☐ CCO Duration of Order:

Will the young person be electronically monitored? ☐ Yes ☐ No

Is the young person a protected person on an AVO? ☐ Yes ☐ No

Will the young person need to adhere to conditions of an AVO? ☐ Yes ☐ No

Duration of AVO:

## Housing

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

☐ Homeless ☐ Temporary accommodation ☐ Family/Friends ☐ Return to previous accommodation

Post release address, Suburb or Community

Slept rough/couch surfed/stayed in non-conventional accommodation in last 12 months? ☐ Yes ☐ No

Time since last permanent residence:  Suburb:

## Offending history

Number of previous incarcerations:

Juvenile:

Adult:

Past offences:

Is the client on the child protection register? ☐ Yes ☐ No

Any outstanding charges? ☐ Yes ☐ No

Provide details eg: court dates, stage of legal process below.

Does the young person have a history of violence in Custody or Community? ☐ Yes ☐ No

Provide details below:

## What are the young person's support needs?

- |  |   |  |
|--|---|--|
| <input type="radio"/> Accommodation/housing      | <input type="radio"/> Disability support  | <input type="radio"/> Literacy support             |
| <input type="radio"/> Advocacy                   | <input type="radio"/> Domestic violence   | <input type="radio"/> Living skills                |
| <input type="radio"/> AOD Support                | <input type="radio"/> Education           | <input type="radio"/> Medical support              |
| <input type="radio"/> Centrelink                 | <input type="radio"/> Employment          | <input type="radio"/> Mental health                |
| <input type="radio"/> Child contact/reconnection | <input type="radio"/> Family support      | <input type="radio"/> Parenting                    |
| <input type="radio"/> Clothing                   | <input type="radio"/> Financial support   | <input type="radio"/> Parole support               |
| <input type="radio"/> Community connection       | <input type="radio"/> Gambling support    | <input type="radio"/> Recreation/social activities |
| <input type="radio"/> Counselling                | <input type="radio"/> Health & wellbeing  | <input type="radio"/> Referral to other services   |
| <input type="radio"/> Court support              | <input type="radio"/> Identification      | <input type="radio"/> Relationships                |
| <input type="radio"/> Cultural support           | <input type="radio"/> Immigration support | <input type="radio"/> Training                     |
| <input type="radio"/> Debt                       | <input type="radio"/> Legal               | <input type="radio"/> Other, specify below         |

Does the young person receive support from any other agencies or support services?

**Note to referrer:**

With the young person's consent you can provide any additional documents to support the referral. Additional documents may also assist in assessing the young person's support needs.

**Consent**

I,  (print name) am voluntarily seeking support.  
I 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 CRC database and NADAbase where my details will be de-identified (name is not associated with information) when used for data collection.

Young person signature

Date

Referrer signature

Date

**Young person must sign consent box above  
in order for referral to be considered**

**Community Restorative Centre**

252-253 Canterbury Road, Canterbury NSW 2193  
Postal address: PO Box 258, Canterbury NSW 2193  
Phone: (02) 9288 8700  
Email: [info@crcnsw.org.au](mailto:info@crcnsw.org.au)

**CRC** community  
restorative  
centre