

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 (Tennant/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

	postal address	phone	(02) 9288 8700
251 Canterbury Road	PO Box 258	fax	(02) 9211 6518
Canterbury NSW 2193	Canterbury NSW 2193	email	rhsp.referral@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