

Sydney Transition Referral Form



Referrer details

Date of Referral: Name of Referrer:

Correctional Centre / Organisation :

Referrer Phone : Referrer Email:

Program selection- Please select one [1] of the programs below

☐ **Penrith / Blue Mountains/ Hawkesbury
Transition Service**

People with an existing connection and
returning to Penrith/Blue Mountains/
Hawkesbury LGAs

☐ **Inner City Sydney - Women's
Transition Service**

Women with an existing connection
and returning to Inner City Sydney /
Eastern Suburbs / Inner West LGAs

Eligibility

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

***If client has pending court matters without a release date, but 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.**

Client details

Client Name:

MIN: Date of Birth :

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

Cultural identity: ☐ Aboriginal ☐ Torres Strait Islander

Cultural Identity:

Client details continued

Country of birth: Languages spoken:

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

Children ☐ Yes ☐ No Age: Living with:

Health conditions ☐ Yes ☐ No Details:

Disability or impairment ☐ Yes ☐ No Details:

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

Prescribed medication ☐ Yes ☐ No Details:

History of AOD use ☐ Yes ☐ No Details:

Current situation

(Referral must be received 3 months prior to release date)

☐ In custody: Sentenced Details:

☐ In custody: Remand Details:

☐ Post-release: In Community Phone Number:

Current/most recent charge/charges:

Length of full sentence: Sentence start date: Release date:

Parole? ☐ Yes ☐ No Duration: ☐ 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:

Housing

Where is the person planning to live post release?

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

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

Details:

Release address and suburb:

Has the client slept rough/couch surfed/stayed in non-conventional accommodation in last 12 months?

☐ Yes ☐ No Time since last permanent residence: Suburb:

Legal 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? ☐ Yes ☐ No

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

Does the client have a history of violence in Custody and/or Community? ☐ Yes ☐ No

Provide details below.

What are the client'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 |

Other Agencies or Programs providing support(s) to client- Include recent referrals made

Please specify below:

Note to referrer:

With the client's consent can you please provide any additional documents to support the referral. Additional documents can assist in assessing the client's support needs and the referral process.

Consent

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

Date

Worker/Referrer signature

Date

**Client must sign consent box above
in order for this referral to be considered**

Community Restorative Centre

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