

Far West Transitional Indigenous Service Referral Form



Referrer details

Date of Referral Name of Referrer
Organisation/Correctional Centre
Referrer Phone Referrer Email

Eligibility

To be eligible, the client MUST be willing to live in one of these Far West areas: Broken Hill, Menindee or Wilcannia and be voluntarily seeking support.

Select the area the client will reside in after release ☐ Broken Hill ☐ Menindee ☐ Wilcannia

Is the client Aboriginal and/or Torres Strait Islander?* ☐ Yes ☐ No ***If no - client is ineligible**

Is the client aged 18 or over?* ☐ Yes ☐ No ***If no - client is ineligible**

Is the client currently in prison?* ☐ Yes ☐ No ***If no - client is ineligible**

Is the client voluntarily seeking support?* ☐ Yes ☐ No ***If no - client is ineligible**

Must have at least two (2) of the following issues/needs to be eligible:

• Accommodation needs? ☐ Yes ☐ No

• Mental health condition? ☐ Yes ☐ No

• Physical health issues? ☐ Yes ☐ No

• Alcohol/drug use? ☐ Yes ☐ No

• Domestic and family violence? ☐ Yes ☐ No

• No family or community connections? ☐ Yes ☐ No

Client details

Client Name Date of Birth

Phone Number MIN #

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

Cultural Identity ☐ Aboriginal ☐ Torres Strait islander ☐ Aboriginal & Torres Strait Islander

Address

Emergency contact Name

Phone number of Emergency Contact

Relationship to Emergency Contact

Country of birth

Languages spoken

Interpreter required ☐ Yes ☐ No

If yes, preferred language

Children ☐ Yes ☐ No Ages Living with

Please tick LSI-R category ☐ Low ☐ Medium- Low ☐ Medium ☐ Medium-High ☐ High

LSRI score

Health condition(s) ☐ Yes ☐ No

Health condition details

Disability or impairment ☐ Yes ☐ No

Disability or impairment details

Mental Health Condition(s) ☐ Yes ☐ No

Mental health conditions details

Prescribed medication(s) ☐ Yes ☐ No

Prescribed medication details

History of substance use ☐ Yes ☐ No

History of substance use details

Legal situation

☐ In Custody: Sentenced

☐ In Custody: Remand

(Referral must be received at least 3 months prior to release)

Current/most recent charge/charges:

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

Community Corrections Supervision / Parole? ☐ Yes ☐ No

Location: Name of Supervisor:

Bond? ☐ Yes ☐ No Duration of Bond

☐ CCO ☐ ICO ☐ Not listed:

Duration of order Start Date: End Date:

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

Will the client be electronically monitored? ☐ Yes ☐ No

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

Number of previous incarcerations Juvenile Adult

Past offences

Any outstanding charges? ☐ Yes ☐ No

Provide details: court dates, stage of legal process below

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

If yes, provide details below:

Housing

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

- ☐ Homeless ☐ HNSW Temporary accommodation (TA) ☐ Family/Friends ☐ Return to previous accommodation

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

Time since last permanent residence: Suburb:

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 (including recent referrals made)

Does the client receive support from any other agencies or support services?

Note to referrer

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

Consent

I, (print name) am voluntarily seeking support with CRC. I give permission for my personal information to be accessed by the Community Restorative Centre in order to assist with my case management. I agree that my details will be placed on the CRC database for the purpose of case-management. I understand that all information collected for the purposes of research and evaluation will be de-identified. I understand my name or other kinds of identifying information will not be attached to any data gathered. I consent to de-identified information being used for the purposes of CRC conducting evaluation and research into the services it provides. I understand that de-identified information might be accessed by CRC after I am no longer participating on the CRC program.

Client Signature

Worker/Referrer signature

Date

Date

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

