Reintegration Housing Support Program Referral Form

- All information needs to be provided for the referral to be processed
- We are unable to process referrals outside of our referral pathways (Pre-release self referral, Homes NSW, or Corrective Services NSW custodial staff)
- We cannot accept referrals for people on remand or without a confirmed release date
- Referrals are triaged based on needs- please provide as much information as possible
- Written or verbal consent must be provided for referral to be processed
- Clients can be referred up to 3 months pre-release or 1 month post release (referrals outside of these time frames will not be processed).

To place the client with the most suitable RHSP team, please choose 1 area below:

☐ Strawberry Hills ☐ Mount Druitt ☐ Liverpool

☐ Newcastle ☐ Coniston ☐ Dubbo

Referrer details

Date of Referral Correctional Centre

Housing Office

Name of Referrer Date of Referral

Referrer Phone Referrer Email

Client details [please complete all details]

Client Name Date of Birth

MIN Phone Number

Email

Address (if homeless please put NFA)

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

Country of birth: Languages spoken:

Cultural identity: ☐ Aboriginal ☐ Torres Strait Islander ☐ Other

Children: ☐ Yes ☐ No Contact with children: ☐ Yes ☐ No Number of children:

Children live with:

Client health

Disability/impairment	Medication

Disability/impairment	Medication

Is client on NDIS? ☐ Yes ☐ No

If No: has assessment been completed? ☐ Yes ☐ No

If Yes: Name of Coordinator (if known)?

Is client able to read and write? ☐ Yes ☐ No

Mental Health Condition(s)

Diagnosis	Medication

Diagnosis	Medication

Current treatment?

AOD

Drug of choice	Method of use

Drug of choice	Method of use

Is client on pharmacotherapy treatment? ◯ Yes ◯ No

If yes, methadone, suboxone, buvidal, or other?

Has a Connections referral been completed? ◯ Yes ◯ No

If no, will a referral be completed? ◯ Yes ◯ No

Current situation

◯ In custody

◯ In community

Current/ most recent convictions:

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

Parole? ◯ Yes ◯ No Community order: ◯ Yes ◯ No

What will be the clients housing situation when in the community?

◯ Homeless ◯ Temporary Accommodation TA ◯ Family/Friends ◯ Previous accommodation

If client will be homeless (and still in custody) will a Set2Go referral be completed? ◯ Yes ◯ No

Any restrictions in the area they want to live? (e.g AVO)

Has the client 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: Adult: Juvenile:

Previous offences:

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

If yes, what were the charges?

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

Provide details below.

Any risks to others/workers known? ☐ Yes ☐ No

What are the client's support needs?

- ☐ Accommodation/housing
- ☐ Advocacy
- ☐ AOD Support
- ☐ Centrelink
- ☐ Child contact/reconnection
- ☐ Clothing
- ☐ Community connection
- ☐ Counselling
- ☐ Court support
- ☐ Cultural support
- ☐ Debt
- ☐ Dental
- ☐ Disability support
- ☐ Domestic violence
- ☐ Education
- ☐ Employment
- ☐ Family support
- ☐ Financial support
- ☐ Gambling support
- ☐ Health & wellbeing
- ☐ Identification
- ☐ Legal
- ☐ Literacy support
- ☐ Living skills
- ☐ Medical support
- ☐ Mental health
- ☐ Parenting
- ☐ Parole support
- ☐ Recreation
- ☐ Relationships
- ☐ Social Activities
- ☐ Training
- ☐ Other, specify below

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

Please specify below:

Note to referrer:
With the client consent you may provide any additional documents to support the referral.
Additional documents may also assist in assessing the client support needs.

Consent

I, _____ (print name) am voluntarily seeking support. I hereby give permission for my personal information to be accessed by Community Restorative Centre (CRC), 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 referral to be considered

Community Restorative Centre
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