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

Admission to custody date:

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?

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

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

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