

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 Dubbo
- Newcastle Coniston

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:

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?

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

Please specify below:

[Large empty light blue box for specifying agencies or programs]

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 line]

Client Signature

[Worker/Referrer signature line]

Worker/Referrer signature

Date

[Client date box]

Date

[Worker/Referrer date box]

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

Community Restorative Centre
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