

Date of Referral: \_\_\_\_\_

Organisation/Correctional Centre/Juvenile Justice Centre \_\_\_\_\_

Referring Organisation: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Contact Details: Phone \_\_\_\_\_ Email \_\_\_\_\_

Eligibility	No	Yes	Unsure
<b>10 – 24 years of age</b>			
<b>Client is currently in custody or previously been in custody?</b>			
<b>Residing in or intending to reside (upon release) to the following areas:</b>			
Blacktown			
Cumberland			
Hills Shire			
Parramatta			
<b>Client requires AOD support</b>			

*\*If no – Client is ineligible\**

## Client Details

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MIN / CIMS: \_\_\_\_\_

Gender: Male  Female  Other

Cultural Identity: Aboriginal  Torres Strait Islander  CALD

Cultural Background \_\_\_\_\_

Client Contact Details:

Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Children: No  Yes  Ages: \_\_\_\_\_ Living with: \_\_\_\_\_

Health condition(s): No  Yes  Specify: \_\_\_\_\_

Disability or Impairment: No  Yes  Specify: \_\_\_\_\_

Mental Health Condition(s): No  Yes  Specify: \_\_\_\_\_

Prescribed medication: No  Yes  Specify: \_\_\_\_\_

History of AOD use: No  Yes  Specify: \_\_\_\_\_

## Current Situation

**In Custody: Sentenced**
 **In Custody: Remand**
 **In Community**

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

**On Bail**

Current/Most Recent Conviction(s): \_\_\_\_\_

Length of Full Sentence: \_\_\_\_\_ Sentence Start Date: \_\_\_\_\_ Release Date: \_\_\_\_\_

Any Current AVO (Apprehended Violence Orders) Yes  No

If yes please state conditions: \_\_\_\_\_

Are there any safety concerns for this young person: \_\_\_\_\_

Is the Young person on Parole / or going to be released on Parole? Yes  No  Duration of Parole: \_\_\_\_\_

Bond? Yes  No  Duration of Bond: \_\_\_\_\_

Parole conditions if known: \_\_\_\_\_

If Client is under 18 years, please state who has Parental Responsibility: \_\_\_\_\_

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

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

OOHC (Out of Home Care)

Slept rough/couch surfed/stayed in nonconventional accommodation in last 12 months: Yes  No

Time since last permanent place to live: \_\_\_\_\_ Suburb (if applicable): \_\_\_\_\_

## Offending History

Number of previous incarcerations:                      Adult:                                      Juvenile:

Past Offences: \_\_\_\_\_

Is the applicant on the Child Protection Register?    Yes                       No

Details of Charges Pending / Court Dates: \_\_\_\_\_

History of Violence in Custody or Community        Yes                       No

If Yes, please outline: \_\_\_\_\_

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### What are the Client's Support Needs?

<input type="checkbox"/> Accommodation / Housing	<input type="checkbox"/> Community Connection	<input type="checkbox"/> Family Support	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Counselling	<input type="checkbox"/> Financial Support	<input type="checkbox"/> Pro Social Activities
<input type="checkbox"/> AOD Support	<input type="checkbox"/> Cultural Support	<input type="checkbox"/> Health & Wellbeing Support	<input type="checkbox"/> Referral to other services
<input type="checkbox"/> Centrelink	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Identification	<input type="checkbox"/> Training
<input type="checkbox"/> Clothing	<input type="checkbox"/> Education	<input type="checkbox"/> Juvenile Justice Support	<input type="checkbox"/> Transport
<input type="checkbox"/> Comm Corrections Support	<input type="checkbox"/> Employment	<input type="checkbox"/> Living Skills	<input type="checkbox"/> WDO's
<input type="checkbox"/> Other: <b><i>Please Specify</i></b>			

### Other Agencies Providing Support Service(s) to Client

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

I \_\_\_\_\_ (print name) am voluntarily seeking support with CRC  
I hereby give permission for my personal information to be accessed by the Community Restorative Centre  
in order to assist with my case management and AOD support. I agree that my details will be placed on the  
CRC database and NADAbase where my details will be de-identified (name not associated with information)  
when used for data collection.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Worker / Referrer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**NOTE: CLIENT MUST SIGN CONSENT BOX ABOVE IN ORDER FOR REFERRAL TO BE CONSIDERED**