

Miranda Project Referral Form

Referrer details

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

Program Location

Penrith Mt. Druitt Blacktown Liverpool

Client details

Client Name: Date of Birth:
MIN #:
Gender Identity: Female Male Non-binary Prefer not to say
Gender Identity:
Pronouns:
Cultural Identity: Aboriginal Torres Strait Islander
Cultural Identity: Phone Number:
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:

Client details continued

Children: Yes No Ages: Living with:

Health conditions: Yes No Details:

Disability or impairment: Yes No Details:

Mental Health Condition(s): Yes No Details:

Prescribed medication: Yes No Details:

History of substance use: Yes No Details:

Legal Situation

Current/most recent charge/charges:

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

Community Corrections Supervision / Parole? Yes No

Location: Name of Supervisor:

Parole: ICO

CCO: 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? Provide details eg: court dates, stage of legal process below. Yes No

Legal Situation continued...

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 area would they like to live in?:

Domestic & Family Violence

Has the client been a primary or secondary victim of family or domestic violence? Yes No

This can include emotional abuse, physical assault, sexual assault, verbal abuse, financial abuse, psychological abuse, controlling or intimidating behavior, isolating a woman from her friends and family, stopping a woman from practicing her religion.

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"/> Other, specify below |
| <input type="radio"/> Debt | <input type="radio"/> Legal | <input type="radio"/> Training |

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

[Empty text box for client support details]

Note to referrer:

With the client’s consent you can provide any additional documents to support the referral, e.g. AVO documents, bail or CCO/ICO conditions etc. Additional documents may also assist in assessing the client’s support needs.

[Empty text box for additional documents]

Consent

I, [] (print name) am voluntarily seeking support. I hereby 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 where my details will be de-identified (name is not associated with information) when used for data collection.

[Signature line for Client]

[Signature line for Worker/Referrer]

Client Signature

Worker/Referrer signature

Date

[Date box for Client]

Date

[Date box for Worker/Referrer]

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

Community Restorative Centre
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