

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: 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

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?

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

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

Referrer signature

Date

Date

**Young person must sign consent box above
in order for referral to be considered**

Community Restorative Centre

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