Miranda Project Referral Form

Referrer details

Date of Referral: Name of Referrer:

Organisation/Correctional Centre:

Referrer Phone: Referrer Email:

Program Location

◯ Blacktown ◯ Campbelltown ◯ Liverpool ◯ Mt. Druitt ◯ Penrith

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?

◯ 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
◯ Other, specify below
◯ Training

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

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

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.

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.

Client Signature _____

Date

Worker/Referrer signature _____

Date

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

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