

DEADLY CONNECTIONS REFERRAL FORM

SECTION ONE – PROGRAM REFERRAL

Deadly Families Street Smart Project Deadly Jargums Breaking the Cycle
 Other: Information Referral Advocacy One off support Details:

SECTION TWO – REFERRAL SOURCE

Date of referral:	Name of referrer:
Agency:	
Position:	Phone:
Email:	

PLEASE CONFIRM PROGRAM HAS BEEN EXPLAINED TO CLIENT and CONSENT TO REFER HAS BEEN GIVEN BY CLIENT: YES NO

SECTION THREE – PARTICIPANT INFORMATION

Name:	D.O.B / /
Cultural Identity:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> or (please insert gender)
Address:	Phone:

SECTION FOUR – CHILDREN (JARGUMS) INFORMATION

Child/ren's info:	D.O.B.	Care Status:
NAME:	D.O.B.	Care Status:
NAME:	D.O.B.	Care Status:
NAME:	D.O.B.	Care Status:
NAME:	D.O.B.	Care Status:
DCJ caseworker/office/contact:		

Reason for referral: (must be completed or referral will NOT be considered)

DEADLY CONNECTIONS

COMMUNITY AND JUSTICE SERVICES

SECTION FIVE – SUPPORT NEEDS

<input type="checkbox"/> Accommodation	<input type="checkbox"/> Community Connection	<input type="checkbox"/> Family/Parenting 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	<input type="checkbox"/> Cultural Support	<input type="checkbox"/> Identification	<input type="checkbox"/> Referral (to other services)
<input type="checkbox"/> Centrelink	<input type="checkbox"/> Drivers Licence	<input type="checkbox"/> Legal	<input type="checkbox"/> Training
<input type="checkbox"/> Clothing (self or kids)	<input type="checkbox"/> Education	<input type="checkbox"/> Living/Parenting Skills	<input type="checkbox"/> Transport
<input type="checkbox"/> Comm Corrections	<input type="checkbox"/> Employment	<input type="checkbox"/> Mental Health/Health	<input type="checkbox"/> Revenue/WDO
Other/s <input type="checkbox"/> <i>Please specify:</i>			

SECTION SIX – JUSTICE INFORMATION

Currently in: <input type="checkbox"/> Community Period of incarceration (dates): Date of next Court appearance: Location: Type: <input type="checkbox"/> Criminal <input type="checkbox"/> Family	<input type="checkbox"/> Custody expected date of release: <input type="checkbox"/> Sentenced <input type="checkbox"/> Remand Seeking Bail <input type="checkbox"/> Yes <input type="checkbox"/> No MIN:
Order upon release: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Order:	Community Corrections/JJ Office: Officer:
Bail Conditions (if applicable):	
Lawyers details:	

SECTION SEVEN – RISK FACTORS

Are there any risks we should be aware of? (e.g. risks to staff or the community - ADVO) YES NO If yes, please provide details:

SECTION EIGHT – AGENCY SUPPORT

Are there any other agencies involved? YES NO How many? _____ (List main one)

Agency name:

Key Worker name: _____ Contact details: _____

SECTION NINE – OTHER INFORMATION

OFFICE USE ONLY – Intake outcome

Client rating <input type="checkbox"/> Urgent <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	Date & Time:
Previous client <input type="checkbox"/> Yes <input type="checkbox"/> No	Meets Eligibility Criteria <input type="checkbox"/> Yes <input type="checkbox"/> No
In Catchment Area <input type="checkbox"/> Yes <input type="checkbox"/> No	
Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No	Allocated to:
<input type="checkbox"/> Follow up to Referrer to advise of outcome <input type="checkbox"/> Nominated person notified and given further information/advice	
Not accepted <input type="checkbox"/> Yes <input type="checkbox"/> No Why?	
Follow up actions (please select one)	
<input type="checkbox"/> Follow up to Referrer to advise of outcome <input type="checkbox"/> Nominated person notified and given further information/advice	
Further information required:	

***Please note: completion of this form does not indicate acceptance of referral and placement on program/s
 Completed form to be returned to referrals@deadlyconnections.org.au