

DEADLY CONNECTIONS REFERRAL FORM

SECTION ONE – PROGRAM REFERRAL

Deadly Families (Aboriginal Mums and/or Dad's with children 0-5 and DCJ involvement)	Deadly Jargum's (7-12 years old)
Street Smart Project	Breaking the Cycle (all ages)
Other: Information <input type="checkbox"/> Referral <input type="checkbox"/> Advocacy <input type="checkbox"/> One off support <input type="checkbox"/>	

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: NAME:	D.O.B.	Care Status:
NAME:	D.O.B.	Care Status:
NAME:	D.O.B.	Care Status:
NAME:	D.O.B.	Care Status:
DoCaJ caseworker/office/contact:		
Reason for referral:		

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"/> Please specify:			

SECTION SIX – JUSTICE INFORMATION

Currently in: <input type="checkbox"/> Community	<input type="checkbox"/> Custody expected date of release:
Period of incarceration (dates):	<input type="checkbox"/> Sentenced <input type="checkbox"/> Remand
Date of next Court appearance:	Seeking Bail <input type="checkbox"/> Yes <input type="checkbox"/> No
Location:	MIN:
Type: <input type="checkbox"/> Criminal <input type="checkbox"/> Family	
Order upon release: <input type="checkbox"/> Yes <input type="checkbox"/> No	Community Corrections/JJ Office:
Type of Order:	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? <input type="checkbox"/> YES <input type="checkbox"/> NO How many? (List main one below)	
Agency name:	
Key Worker name:	Contact details:

SECTION NINE- OTHER INFORMATION

DEADLY CONNECTIONS

SECTION NINE- CONSENT

I, _____ (name of applicant) give consent to _____ for the release of information contained within this form for the purpose of a referral to Deadly Connections Community & Justice Services.

I agree to allow Deadly Connections to call me (or the referring agency if I am not contactable) in order to continue to the referral/intake process.

Signature of Applicant: _____ Date: _____

***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