

NAAJA THROUGHFCARE REFERRAL FORM

referrals-throughcare@naaja.org.au

FAMILY NAME:		GIVEN NAME:	
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female IJIS No.:		DATE OF BIRTH: <input type="checkbox"/> Adult <input type="checkbox"/> Youth	
IS THE CLIENT IN CUSTODY? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS: <input type="checkbox"/> Sentenced <input type="checkbox"/> Remanded (youth only) <input type="checkbox"/> Supported bail accommodation (youth only)		LOCATION OF CLIENT: <input type="checkbox"/> Alice Springs <input type="checkbox"/> Darwin <input type="checkbox"/> Other If other please specify location:	
RELEASE INFORMATION:			
NPP (NON PAROLE PERIOD): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Passed NPP DATE:		FULLTERM DATE: RELEASE DATE (IF CONFIRMED): NEXT COURT DATE (YOUTH ONLY):	
DOCUMENTATION (PLEASE ATTACH COPIES): <u>THROUGHFCARE IS A STRENGTHS BASED VOLUNTARY PROGRAM AND THEREFORE CANNOT BE MADE A CONDITION OF AN ORDER</u> Is client aware of referral? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please attach a copy of the client's Authority for Release of Information and provide copies of any of the following orders: <input type="checkbox"/> ANTECEDENTS <input type="checkbox"/> PRECIS <input type="checkbox"/> PAROLE <input type="checkbox"/> SUSPENDED SENTENCE (PROBATION) <input type="checkbox"/> ANCOR <input type="checkbox"/> DVO <input type="checkbox"/> OTHER (please specify below)			
OTHER SERVICES ENGAGED WITH CLIENT (PLEASE PROVIDE CONTACT NAMES AND NUMBERS):			
WHAT ARE THE CLIENT'S HIGH NEEDS? (ie HOMELESSNESS, LITERACY NUMERACY ISSUES, FAMILY VIOLENCE ETC)			
ADDITIONAL INFORMATION: What assistance would you like your client to receive from Throughcare?			
NAME: REFERRING AGENCY:		DATE OF REFERRAL:	
THROUGHFCARE OFFICE USE:			
ALLOCATED TO: <input type="checkbox"/> BRIEF INTERVENTION <input type="checkbox"/> CASEWORK		DATE OF ALLOCATION: <input type="checkbox"/> DECLINED ASSISTANCE <input type="checkbox"/> OUTSIDE CRITERIA (SPECIFY) <input type="checkbox"/> REFERRED (SPECIFY)	
DATE OF ASSESSMENT:		SIGNATURE:	