

Alternative to Custody Referral Form

REFERRING'S INFORMATION:

Referral Date: ____ / ____ / ____ Organisation: _____

Name: _____ Position: _____

Telephone: _____ Email: _____

APPLICANT'S INFORMATION:

Surname: _____ Given Name: _____

Also known as: _____ DOB: ____ / ____ / ____

Aboriginal or Torres Strait Islander Community: _____

Language(s) spoken: _____

Interpreter requested Yes / No Language required: _____

Interpreter used Yes / No If No, Why: _____

Phone Number: _____ Address: _____

Suburb: _____ Postcode: _____

CURRENT LEGAL SITUATION:

The applicant is currently:

- Incarcerated sentenced
- Incarcerated remand
- Released (no conditions)
- Supervised by Community Corrections
- Bail
- Other: _____

Charged with: _____

Sentenced for: _____

Supervision order: _____

Date of Incarceration:

____ / ____ / ____

If on remand, next court date:

____ / ____ / ____

Date of eligibility for parole:

____ / ____ / ____

Full term release date:

____ / ____ / ____

ORDERS PREVENTING CONTACT WITH OTHER PEOPLE:

Are there any legal or current orders (e.g. Domestic Violence Orders) in place?

Yes No

Against the referring applicant? Yes No Against someone else? Yes No

If yes, please provide details: _____

ESSENTIAL INFORMATION:

Does the applicant have any:

Medical Issues

If yes, please provide relevant information

Mental Health

If yes, please provide relevant information

Alcohol and other drugs

If yes, please provide relevant information

REASON FOR REFERRAL / ADDITIONAL INFORMATION:

FURTHER DOCUMENTS ATTACHED (where applicable):

Criminal history

Domestic Violence Order

Letter to referral agency

Mental Health Report(s)

Any relevant orders (i.e, bail, suspended sentence, parole)

Cognitive assessment

Other _____

Medication Management Plan

Mental Health Plan

APPLICANT CONSENT TO SHARING OF INFORMATION:

The purpose of this form has been discussed with me and I give permission for the above information regarding myself to be exchanged and collected with the Drug & Alcohol Services Australia (DASA), Central Australian Aboriginal Congress and the referring agency for the purpose of the Alternative to Custody program.

Signature of applicant: _____ Verbal consent: Yes No

Date: ____/____/____

Signature of referring person: _____

Date: ____/____/____

I also give consent for Central Australian Aboriginal Congress social worker to access relevant information from Central Australian Aboriginal Congress medical records as part of the intake process

Signature of applicant: _____ Verbal consent: Yes No

Date: ____/____/____

Signature of referring person: _____

Date: ____/____/____

APPLICANT CONSENT PARTICIPATION IN PROGRAM:

I understand and consent to engaged and participate with DASA Alternatives to Custody program.

Signature of applicant: _____ Verbal consent: Yes No

Date: ____/____/____

Signature of referring person: _____

Date: ____/____/____

Email Referral to: ATCReferralGroup@nt.gov.au

(Subject to legal issues and at the discretion of the Alternative to Custody Working Group)