Lot 9191 Heath Rd Alice Springs 0870
PO Box 3009 Alice Springs NT 0871
P: 08 8950 5000
W: www.dasa.org.au

Alternative to Custody | Referral Form

The following information is required prior to assessment; all sections must be completed emailed with supporting documents.

REFERRER INFORMATION

Referral Date: ____ / _____ / _____ Self-Referral: ☐ YES ☐ NO

Referring Agency: _____

Name: _____ Position: _____

Telephone: _____ Email: _____

APPLICANT'S INFORMATION

Surname: _____ Given Name: _____

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

Marital Status: _____ Dependants: _____

Aboriginal/Torres Strait Islander: Community:_____

Language Spoken: _____ Usual Address: _____

Email Address: _____ Phone Number: _____

Interpreter requested: ☐ Yes ☐ No Language required: _____

Interpreter used: ☐ Yes ☐ No

CURRENT LEGAL SITUATION

The applicant is currently:

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

Charged with: _____

Sentenced for: _____

Supervision Order: _____

Incarceration Date: ____ /_____ /_____ On remand, next court: ____ /____ /_____

Eligible for Parole: ____ /_____ /_____ Release Date: ____ /____ /_____

DRUG USAGE

Principal Drug of Concern: _____

Last time used or consumed: _____ Usual Quantity: _____

Method for digest eg: smoke/inject/drink: _____

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REASON FOR REFERRAL / ADDITIONAL INFORMATION

_____

_____

_____

ORDERS PREVENTING CONTACT WITH OTHER PEOPLE

Are there any legal / protection orders (e.g. Domestic Violence Orders) in place? ☐ Yes ☐ No

Is the Order ☐ No Contact ☐ Non-Intox Against the referring applicant? ☐ Yes ☐ No

Other individual _____

ADDITIONAL INFORMATION

	Yes	No	Details
Alerts			*If yes, what are these?*
Medical Conditions			
Mental Health Conditions			
Family Issues			*Eg: Family Law Matters, children in care*
Life and Death Concerns			*Eg: Payback*
Areas/Places of Concern			*Eg: does the client have any areas of restriction? If the client has a DVO, are there any areas of concern.*

FURTHER DOCUMENTS ATTACHED (IF APPLICABLE)

☐ Mental Health Report(s)
☐ Medication Management Plan
☐ Cognitive assessment
☐ Mental Health Plan

Signed: _____ Name of Referrer: _____

Date: _____

Whilst the Case Management team understands the sensitivity and shame around providing this documentation and details, DASA require all relevant information to assess, deem suitability, ensure conflicts of interest between clients and visitors are not crossed and the needs of the individual are met in their Case Management.

Not providing this information will delay assessment and progression of the referral.

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Alternative to Custody | Consent Form

APPLICANT CONSENT TO SHARING OF:

- Complete criminal history
- Sentencing Remarks
- Conditions of Release
- Relevant orders (Bail, Susp. Sentence, Parole)
- Domestic Violence order/s

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), the referring agency and the ATC Referral Group Committee for the purpose of considering my suitability for the Alternative to Custody program.

Signature of applicant: _____ Verbal consent: ☐ Yes ☐ No

Date: ____/____/_____

Signature of referring person: _____ Date: ____/____/_____

APPLICANT CONSENT TO SHARING OF PERSONAL INFORMATION:

The purpose of this form has been discussed with me, and I give permission for personal information regarding myself to be exchanged and collected with the Drug & Alcohol Services Australia (DASA), the referring agency and the ATC Referral Group Committee for the purpose of considering my suitability for the ATC program.

Signature of applicant: _____ Verbal consent: ☐ Yes ☐ No

Date: ____/____/_____

Signature of referring person: _____ Date: ____/____/_____

APPLICANT CONSENT PARTICIPATION IN PROGRAM:

I understand and consent to engage and participate in the DASA Alternative to Custody program.

Signature of applicant: _____ Verbal consent: ☐ Yes ☐ No

Date: ____/____/_____

Signature of referring person: _____ Date: ____/____/_____

Email referral to: atcintake@dasa.org.au

Following receipt of referral and assessment will be booked. (Acceptance to the program is subject to assessment of suitability and consultation with the ATC Referral Group Committee)

CLIENT DEBT – DASA Use

Does this client have a Debt with DASA? ☐ Yes ☐ No

If so, how much? _____