

ABORIGINAL OUTREACH TEAM

Complete and email referral to: outreachdde@dasa.org.au

REFERRER INFORMATION

Referral Date: ____ / ____ / ____ Self-Referral: YES NO
 Referring Agency: _____
 Name: _____ Position: _____
 Telephone: _____ Email: _____

APPLICANT'S INFORMATION

Surname: _____ Given Name: _____
 Also known as: _____
 DOB: ____ / ____ / ____ Gender Identity: _____
 Aboriginal/Torres Strait Islander: YES NO Other: _____
 Phone Number: _____ Address: _____

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 _____

DRUG USAGE

Type of Drug _____ Last time used: _____
 Usual Quantity: _____ Method for digest eg: smoke/inject _____

CURRENT LEGAL SITUATION

The applicant is currently:

<input type="checkbox"/> Incarcerated sentenced	<input type="checkbox"/> Incarcerated remand
<input type="checkbox"/> Released (no conditions)	<input type="checkbox"/> Supervised by Community Corrections
<input type="checkbox"/> Parole	<input type="checkbox"/> Bail
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Not Applicable

REASON FOR REFERRAL / ADDITIONAL INFORMATION

