

# Alternative to Custody Referral Form

## REFERRER INFORMATION:

Referral Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Organisation: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

## APPLICANT'S INFORMATION:

Surname: \_\_\_\_\_

Also known as: \_\_\_\_\_

☐ Aboriginal or ☐ Torres Strait Islander

Phone: \_\_\_\_\_

Town /Community: \_\_\_\_\_

Email \_\_\_\_\_

First Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Community: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

Interpreter requested ☐ Yes

☐ No

Language required: \_\_\_\_\_

Interpreter used ☐ Yes

☐ No

## 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: \_\_\_\_\_

Incarceration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

On remand, next court: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Eligible for Parole: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Release Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ORDERS PREVENTING CONTACT WITH OTHER PEOPLE:**

Current orders in place - Domestic Violence Orders ☐ Yes ☐ No

Against the referring applicant? ☐ Yes ☐ No

Against someone else? ☐ Yes ☐ No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

**ESSENTIAL INFORMATION:**

Please provide relevant information:

Medical Issues ☐ Yes ☐ No

Mental Health ☐ Yes ☐ No

Alcohol and other drugs ☐ Yes ☐ No

**REASON FOR REFERRAL / ADDITIONAL INFORMATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FURTHER DOCUMENTS ATTACHED (where applicable):**

☐ Criminal history

☐ Mental Health Report(s)

☐ Medication Management Plan

☐ Letter to referral agency

☐ Domestic Violence Order

☐ Cognitive assessment

☐ Mental Health Plan

☐ Orders - Bail, Suspended Sentence, Parole. ☐ Other

\_\_\_\_\_



# ATC Consent Form

## CONSENT TO SHARE INFORMATION

### PROGRAM PARTICIPATION:

I agree to participate in the DASA Alternatives to Custody (ATC) program.

Verbal consent:

☐ Yes

☐ No

### INFORMATION SHARING:

I give permission for the following services to access relevant information to best support my participation in the Program.

- ATC Referral Group Committee.
- Congress Services and Medical Records as part of the intake process.
- My information to be recorded in the DASA data system.

Verbal consent:

☐ Yes

☐ No

Applicant Name:

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Applicant Signature:

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Referrer Signature:

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Date:

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Please email completed form to: [atcintake@dasa.org.au](mailto:atcintake@dasa.org.au)