WESTERN ADELAIDE ABORIGINAL SPECIFIC HOMELESSNESS SERVICE

Post referral forms to: Aboriginal Sobriety Group Indigenous Corporation
PO Box 7306 Hutt Street, Adelaide SA 5001

Email referral forms to: reception@asg.org.au

Programs and / or Services Requested

☐ Cyril Lindsay House / Annie Koolmatrie House
☐ Outreach Support
☐ Waitlist

REFERRAL

Contact date: …../ …../ …….. Referral Type: ☐ Self-referral ☐ External referral
Has the person given consent for this referral: ☐ Yes ☐ No

CLIENT DETAILS

Surname: …………………………………………....... First Name: …………………………………
Gender: ☐ Male ☐ Female DOB: ………./………./………. Age:………… ☐ Confirmed
☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Non Aboriginal
Client Community: ………………………………………………………………………………..
Interpreter Required: ☐ NO ☐ YES Language: ……………………..……………………….
Contact Number/s: ………………………………………………………………………………
Email………………………………………………………………………………………………
Current Address: …………………………………………………………………………………
Suburb: …………………………………………… Postcode: ……………………State: ....
Centrelink CRN: ……………………………… Medicare Number: ………………………………..

REFERRING PERSON / AGENCY

Referred by: ……………………………………………………………………………………..
Agency: ………………………………...
Phone: ………………………………………… Mobile: ………………..……………………………
Email…………………………………..

How did referring person learn about Aboriginal Sobriety Group Indigenous Corporation?
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ACCOMMODATION

1. **Current Housing Circumstances: (Please tick all that apply);**

☐ No tenancy in Adelaide ☐ Overcrowding ☐ Incarcerated
☐ Sleeping Rough/ Parklands ☐ Hospital ☐ Boarding House
☐ Disruptive Tenancy ☐ Couch Surfing ☐ Tenancy at Risk
☐ Domestic Violence ☐ Relationship Breakdown ☐ Other

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……………………………………………………………………………………………………

How long has Client experienced current accommodation situation? …….Months.…….Years

2. **Accommodation History: (Please tick all that apply);**

☐ Community Housing ☐ Public Housing ☐ Private Rental
☐ Supported Accommodation ☐ Family/ Friends ☐ Boarding House
☐ Emergency Accommodation ☐ Couch Surfing ☐ Other Tenure

Please provide details about previous accommodation and address?
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………

3. **Main reason for leaving previous accommodation;**

☐ Unsuitable Accommodation ☐ Behavioural ☐ End of Lease
☐ Domestic/ Family Violence ☐ Evicted ☐ Boarding House
☐ Other……………………………………………………………………………………

4. **Is Private Rental accommodation an option for this client?** ☐ No ☐ Yes
(If no, please provide details)……………………………………………………………
……………………………………………………………………………………………
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5. **Have other housing options been explored?** ☐ No ☐ Yes
(If no, please provide details)……………………………………………………………
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LEGAL

6. **Does Client have any current legal issues?** ☐ No ☐ Yes
   (If yes, please provide details)……………………………………………………………
   ………………………………………………………………………………………………
   ………………………………………………………………………………………………
   Next court date:………………………………………………………………………………
   Solicitor name:……………………......................Contact details:…………………………………
7. **Any history of violent behaviour towards family, workers or the wider community**
   ☐ No ☐ Yes (If yes, please provide details)
   ………………………………………………………………………………………………
   ………………………………………………………………………………………………
8. **Has client ever been charged with or convicted of sexual offences against an adult or child?** ☐ No ☐ Yes (If yes, client will not be eligible for our program)
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   ………………………………………………………………………………………………

HEALTH AND MENTAL HEALTH

9. **Does client have any physical health conditions?** ☐ No ☐ Yes
   (If yes, please provide details)……………………………………………………………
   ………………………………………………………………………………………………
   ………………………………………………………………………………………………
10. **Has Client ever been diagnosed with any blood borne viruses (HIV, AIDS, Hepatitis)?** ☐ No ☐ Yes (If yes, please provide details)
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    ………………………………………………………………………………………………
11. **Does client have any Mental Health conditions?** ☐ No ☐ Yes
    (If yes, please provide details)…………………………………………………………..
    ………………………………………………………………………………………………
    ………………………………………………………………………………………………
12. **Has client attempted suicide or self-harm?** ☐ No ☐ Yes
    (If yes, please provide details)……………………………………………………………
    ………………………………………………………………………………………………
13. **Does Client have a Mental Health Care Plan?** ☐ No ☐ Yes ☐ Unsure
14. **Name of regular GP**:……………………………………………………………………
    Clinic:…………………………………… Contact Details:……………………………………..
15. **Does client currently take any medications?** ☐ No ☐ Yes
    ☐ Webster Pack…………………………………………………………………………..
    ☐ Other……………………………………………………………………………………
    Pharmacy Name:……………………………………………………………………
    Pharmacy Location:…………………………………………………………………

SUBSTANCE USE

16. Does Client have any current substance use issues? ☐ No ☐ Yes

☐**Alcohol**	☐**Stimulants** (Cocaine, Methamphetamines)	☐**Depressants** (Benzodiazepines, GHB)
☐**Cannabis**	☐ **Opioids** (Fentanyl, Heroin, Morphine)	☐**Inhalants** (Glue, Petrol, Gas)
☐**Prescription** (Valium, Codeine)	☐**Hallucinogens** (LSD, Magic Mushrooms)	☐**Steroids** (Anadrol, Durabolin, Dianabol)

Please provide details of use:

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17. When did Client start using? How long has Client used for?

18. Is Client considering detox or Rehabilitation? ☐ No ☐ Yes

19. Has Client previously completed Detox or Rehabilitation? ☐ No ☐ Yes

Any other information regarding Substance History eg. withdrawal symptoms;

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Please attach copies of any relevant documents to the referral:

☐ Photo ID
☐ Medicare Card
☐ Health Care/ Pension Card
☐ Income Statement
☐ Mental Health Care Plan, if applicable

Please note, Client may not be eligible if;

- Home Detention Bail – Limit of 2 clients on Home Detention at any time
- Prison referrals – Limit of 2 clients from prison at any time
- Unstable, complex Mental Health conditions
- Client has pending sexual offence charges against any child or adult, violent offences against any child or adult, sexual offense convictions against any child or adult, violent sexual offence convictions against any child or adult

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OFFICE USE ONLY	
Referral taken by:	Referral allocated to:

32 Third Avenue, Woodville Gardens 5012
PO Box 7306, Hutt Street, Adelaide

Phone: (08) 8243 1698
Email: reception@asg.org.au
Website: www.asg.org.au

Aboriginal Sobriety Group
INDIGENOUS CORPORATION
ICN 8376

CLIENT RELEASE OF INFORMATION

I hereby give the Aboriginal Sobriety Group Indegenous Corporation permission to disclose and or discuss any information about myself with relevant organisations.

I understand that this information will assist workers in meeting my needs as a client and coordinating appropriate services in order to maximise outcomes.

Please put a line through any services/organisations that you do not want staff discussing your information with.

The contents of this authorisation have been explained to me and I understand the nature of the information that will be received and released about me. I also understand that at my request, this consent form can be altered or changed at any time.

<table>
<tr><td>☐ Aboriginal Legal Rights Movement</td><td>☐ Adelaide Day Centre</td></tr>
<tr><td>☐ Aboriginal Family Support Services</td><td>☐ Aboriginal Hostels Limited</td></tr>
<tr><td>☐ Uniting Communities</td><td>☐ ACIS</td></tr>
<tr><td>☐ Sonder Care / Closing the Gap</td><td>☐ KWY</td></tr>
<tr><td>☐ Alcohol and Dug Information Service (ADIS)</td><td>☐ Centrelink</td></tr>
<tr><td>☐ Relationships Australia (RASA)</td><td>☐ Watto Purrunna</td></tr>
<tr><td>☐ Drug and Alcohol Services of SA (DASSA)</td><td>☐ Public Trustee</td></tr>
<tr><td>☐ Department of Correctional Services</td><td>☐ Disability SA</td></tr>
<tr><td>☐ Medical Centre:</td><td>☐ Hutt Street Centre</td></tr>
<tr><td>☐ General Practitioner:</td><td>☐ Life Without Barriers</td></tr>
<tr><td>☐ Solicitor:</td><td>☐ Nunkuwarrin Yunti</td></tr>
<tr><td>☐ Courts Administration Authority</td><td>☐ SA Health</td></tr>
<tr><td>☐ Nunga Mi:Minar / Ninko Kurtangga Patpangga</td><td>☐ SAPOL</td></tr>
<tr><td>☐ South Australian Housing Authority</td><td>☐ Brian Burdekin Clinic</td></tr>
<tr><td colspan="2">☐ Community Housing Organisations
❖ Anglicare SA ❖ Portway Housing ❖ Uniting SA ❖ Westside Housing
❖ Unity Housing ❖ Women's Junction ❖ Cornerstone ❖ Baptist Care
❖ Salvation Army ❖ Housing Choices ❖ IRIS ❖ IHEP/OARS</td></tr>
<tr><td colspan="2">☐ Other: (Please Specify)
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Clients Signature:……………………………………………………Date:………………………

Witness Name & Signature:…………………………………………Date:..............................