



N8PP Referral Form

Correctional Centre (if applicable): _____

Name of Referrer: _____ Date of Referral: _____

Contact Details: Phone _____ Email _____

Client Details (please complete all information that is available to you)

Client Name: _____ DOB: _____ MIN: _____

Address: _____ Phone number: _____

Gender: Male Female Non Binary Prefer not to say Other identity

Cultural Identity: Tongan Samoan Fijian Maori Other _____

Language(s) spoken: _____ Country of Birth: _____

Children: No Yes Ages: _____ Living with: _____

Health condition(s): No Yes Specify: _____

Disability or Impairment: No Yes Specify: _____

Mental Health Condition(s): No Yes Specify: _____

Prescribed medication: No Yes Specify: _____

History of AOD use: No Yes Specify: _____

Current Situation

In Custody: Sentenced In Custody: Remand Post-Release: In Community

Current/Most Recent Conviction(s): _____

Length of Full Sentence: _____ Sentence Start Date: _____ Release Date: _____

Parole? Yes No Duration: _____ Community Order? Yes No Type: _____ Duration: _____

What type of support does the client need now?

TFILE (Tennant/housing) Number (if applicable) _____

1. **Ready for reintegration mapping** (client has a release date)

Housing application/ TA Centrelink Employment

2. **Therapeutic/Community Visitation** (This option is generally for those that have not received a release date but need emotional or community support)

Reconnection with Family facilitation



NUMBER EIGHT
PRISON PROJECT

Offending History

Number of previous incarcerations: Adult: Juvenile:

Past Offences:

Is the applicant on the Child Protection Register? Yes No

Details of Charges Pending / Court Dates:

History of Violence in Custody or Community Yes No

If Yes, please outline:

What are the Client's Support Needs?

Other Agencies Providing Support Service(s) to Client

I _____ (print name) am voluntarily seeking support.
I hereby give permission for my personal information to be accessed by Number 8 Prison Project Inc. (N8PP), in order to assist with my case management. I agree that my details be placed on the N8PP database where my details will be de-identified (name not associated with information) when used for data collection.

Client Signature

Worker / Referrer Signature

Date

Date

Note to referrer: With client consent you can provide any additional documents to support the referral.

Additional documents may also assist in assessing client support needs.

NOTE: CLIENT MUST SIGN CONSENT BOX ABOVE IN ORDER FOR REFERRAL TO BE CONSIDERED