**ARC Referral Form**

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| **Client information** |
| **DATE\*** | Click or tap to enter a date. |
| **CLIENT NAME\*** | Click or tap here to enter text. | **D.O.B\*** | Click or tap to enter a date. |
| **GENDER ID\*** | Click or tap here to enter text. |
| **ADDRESS\*** | Click or tap here to enter text. |
|  **BAIL ADDRESS:** (If different from above) |  Click or tap here to enter text. |
| **PHONE\*** | Click or tap here to enter text. | **EMAIL\*** | Click or tap here to enter text. |
|  **COURTLINK ID:** | Click or tap here to enter text. |
| **Has the client consented to engage in a case management program and regular court reviews including judicial monitoring\*** |[ ]  **Yes** |[ ]  **No** |

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| **Referrer information** |
| **REFERRED BY\*** | Click or tap here to enter text. |
| **NAME OF REFERRER\*** | Click or tap here to enter text. |
| **Is the legal representative aware of this referral?**  |[ ]  **Yes** |[ ]  **No** |
| **NAME OF LEGAL REPRESENTATIVE**(If not referrer) | Click or tap here to enter text. |
| **REPRESENTATIVE PHONE:** | Click or tap here to enter text. | **REPRESENTATIVE EMAIL:** | Click or tap here to enter text. |
| **CURRENT/ALLEGED CHARGES:** | Click or tap here to enter text. |
| **COURT LOCATION\*** | Click or tap here to enter text. |
| **NEXT HEARING DATE\***  | Click or tap to enter a date. |  **NEXT HEARING** **TYPE:** | Click or tap here to enter text. |

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| **Client Status \*** |
| **IN CUSTODY:** |[ ]  Prison location: |  Click or tap here to enter text. |  **ON BAIL:** |[ ]  **ON SUMMONS:** |[ ]

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| **Eligibility Criteria \*** |
|  **Does the client meet this eligibility criteria?** |[ ]  **Yes** |[ ]  **No** |
|  **Diagnosed mental health condition or cognitive impairment.** |[ ]  **Yes** |[ ]  **No** |
|  **Intention to plead guilty?** |[ ]  **Yes** |[ ]  **No** |
|  **Is the client currently in custody?** |[ ]  **Yes** |[ ]  **No** |

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| **Reason for referral \*** |
|  **Diagnosis or suspected / suggested diagnosis.** |  Click or tap here to enter text. |
|  **How does this condition substantially reduce the clients**  **capacity to manage their; self-care, self-management,** **social interaction and/or communication?** |  Click or tap here to enter text. |
|  **What are the clients identified support needs?** |  Click or tap here to enter text. |
|  **What supports are currently in place?** |  Click or tap here to enter text. |

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| **Custody/pertinent vulnerability factors**  |
|[ ]   **Aboriginal and Torres** **Strait Islander** |[ ]   **Aged 18-21** |[ ]   **Mental health** |
|[ ]   **LGBTQIA+** |[ ]   **Aged 22- 25** |[ ]   **Physical impairment** |
|[ ]   **First offence** |[ ]   **Older age (over 65)** |[ ]   **Cognitive impairment** |
|[ ]   **First time in custody** |[ ]   **Have you attempted to refer client to Youth Justice?** |
|[ ]   **Interpreter required** **provide language** | Click or tap here to enter text. |
|[x]   **Other (provide details)** | Click or tap here to enter text. |

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| **Presenting Needs\*** |
|[ ]   **Suicide ideation** |[ ]   **AOD** |[ ]   **Gambling/financial** |
|[ ]   **Chronic health** **condition** |[ ]   **Caring responsibilities**  |[ ]   **Culturally and linguistically** **diverse** |
|[ ]   **Family violence** |[ ]   **Applicable for**  |[ ]  Victim  |[ ]   Perpetrator |[ ]   Both  |
|[ ]   **Family violence** **charges** |[ ]   |[ ]
|[ ]   **Other (provide** **details)** |  |

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| **Background Information \*** |
| Yes [ ] No [ ] Unknown [ ]  |  **Previous CISP** **involvement?**  | Yes [ ] No [ ] Unknown [ ]  |  **Previous drug court** **involvement?**  | Yes [ ] No [ ] Unknown [ ]  |  **Is this matter in the** **Indictable** **crime/committal stream?** |
| Yes [ ] No [ ] Unknown [ ]  |  **Previous ARC** **involvement?**  | Yes [ ] No [ ] Unknown [ ]  |  **Is the client currently** **on a CCO** | Yes [ ] No [ ] Unknown [ ]  |  **Is the client subject to an** **interstate order?** |
| Yes [ ] No [ ] Unknown [ ]  |  **Previous MHARS** **involvement?** | Yes [ ] No [ ] Unknown [ ]  |  **MHARS report** **available?**  | Yes [ ] No [ ] Unknown [ ]  |  **Is this client charged**  **with a sex offence?**  |
| Yes [ ] No [ ] Unknown [ ]  |  **Previous Koori** **liaison officer** **involvement?** | Yes [ ] No [ ] Unknown [ ]  |  **Has the matter** **commenced in BaRC?** | Yes [ ] No [ ] Unknown [ ]  |  **Is this client subject to**  **an FVIO?** |
|[ ]   **Current/alleged breaches** (Provide details) | Click or tap here to enter text. |
|[ ]   **Is this client currently engaged with** **other services?** (Provide details) | Click or tap here to enter text. |
|[ ]   **Are there any factors that indicate a** **phone or online assessment would** **not be suitable for this person?**  (Provide details) | Click or tap here to enter text. |

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| **Mandatory Documents** |
|[ ]  **Remand summary** |[ ]  **Prior criminal history** |[ ]  **Professional reports** (If Available) |

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| **Related Documents** |
| [ ]  | **CMI Forensicare/MHARS** |[ ]  **CCO contravention reports** |

 **Comments:**

Click or tap here to enter text.