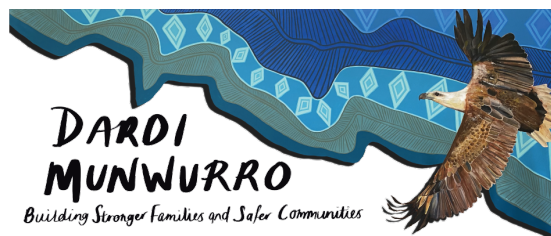


NGARRA JARRANOUNITH PLACE
REFERRAL FORM



CLIENT DETAILS			
Referral Date:		Reason for referral:	
Name:			
Address:			
City/Town:			
Postcode:		D.O.B: / /	CRN number:
Mobile Phone:	Home Phone:	Email:	
Identifies as Aboriginal/Torres Strait Islander YES/NO		Who is your mob/tribe?	
<p>I HAVE DISCUSSED THE PROGRAM INFORMATION WITH THE CLIENT AND THEY ARE:</p> <p><input type="checkbox"/> Aware of, and understands, the program requirements (see overleaf).</p> <p><input type="checkbox"/> Committed to making positive changes and creating a positive vision for the future.</p> <p>THE CLIENT IS WILLING TO:</p> <p><input type="checkbox"/> Reside at Ngarrá Jarranounith Place for up to 16 weeks.</p> <p><input type="checkbox"/> Provide two alcohol and drug screens as part of the intake process.</p> <p><input type="checkbox"/> Actively participate in all aspects of the program, including group activities and volunteering.</p> <p><input type="checkbox"/> Contribute \$270 per fortnight of their Centrelink payment or equivalent to cover rent, utilities and meals.</p> <p><input type="checkbox"/> Consent to a follow up period of 12-18 months.</p> <p><input type="checkbox"/> Work with the Program's Family Engagement and Safety Worker who will be supporting affected family members.</p> <p>DOES THE CLIENT HAVE ANY OF THE FOLLOWING?</p> <p><input type="checkbox"/> Intervention Orders, Family Court Orders, Community Corrections Orders etc.</p> <p><input type="checkbox"/> Charges, Warrants or an Undertaking of Bail.</p> <p><input type="checkbox"/> A mental health diagnosis and/or disability</p>			
Details:			
<p>RELEASE OF INFORMATION:</p> <p><input type="checkbox"/> The client consents to sign an Authority to Release Information Form during the intake and assessment interview for the release of their:</p> <ol style="list-style-type: none"> Police, corrections, child protection and court records. Medical history and medications record. Details of previous relationship breakdowns with family and/or friends. 			
REFERRER DETAILS:			
Name:		Agency:	
Email:		Phone:	
Solicitor's name:		Solicitor's contact details:	

NGARRA JARRANOUNITH PLACE

REFERRAL FORM (cont)

Dardi Munwurro (Strong Spirit) is a specialist Aboriginal family violence service. Our vision is to build stronger families and safer communities. We do this by delivering a range of family violence programs, to break the cycle of inter-generational trauma in Aboriginal families and communities, by empowering and inspiring individuals to heal the past, acknowledge the present and create a positive vision for the future.

ABOUT NGARRA JARRANOUNITH PLACE

Ngarra Jarranounith is a residential healing and behaviour change program for Aboriginal men who use or have been convicted of family violence. The program is run by Dardi Munwurro and participants are required to:

- Live independently in one of the Program's residential properties located in the northern suburbs of Melbourne, for up to 16 weeks.
- Work with a case manager to address their physical and mental health, social and emotional wellbeing and legal and financial needs. Also to make positive changes in their life, create a positive vision for their future and a safer community.
- Participate in the Program's structured healing and behaviour change activities, including intensive group work (Monday to Friday 9am- 5pm), a healing camp and the after-hours men's groups.

ELIGIBILITY FOR THE PROGRAM:

To be eligible for the program you must:

- Identify as being of Aboriginal or Torres Strait Islander descent;
- Be 18 years of age or over;
- Be at risk of using family violence;
- Be prepared to enter the program voluntarily.

In addition, the client must:

- Demonstrate that they are ready to address any alcohol and other drug related issues or mental health issues; including attending a withdrawal program prior to becoming a resident and/or completing two alcohol and drug screens during the intake process and submitting to random alcohol and drug screenings while in the program.
- Make a commitment to actively participate in all aspects of the Program, including group-based, one-on-one activities, volunteering and making community connections.
- Be willing to participate and live independently in a share house with other Program participants and engage with other residents and the Aboriginal community.
- Agree to be compliant with any orders, including protective orders while in the program.
- Contribute \$270 per fortnight to cover rent, utilities and meals.
- Participate in a Dardi Munwurro men's group or equivalent during the intake process.

N.B Clients will not be eligible to participate in the program if convicted of child sexual offences.

Individuals will be assessed on a case-by-case basis. Please contact the Program Manager to discuss eligibility.

REFERRAL AND INTAKE PROCESS:

1. Contact Ngarra Jarranounith Place on '1800 435 799' to discuss the referral.
2. Complete the Ngarra Jarranounith Place Referral Form and email the completed documents to: njp@dardimunwurro.com.au
3. Clients who are not eligible, suitable or ready for the Program will be referred to a more appropriate service
4. Clients who are on a pharmaceutical program (i.e. Methadone or Buprenorphine program) should contact us to discuss treatment option

NGARRA JARRANOUNITH PLACE
REFERRAL FORM (cont)

Authority to Release of Information Consent Form

Print Name:

I (client name) _____ consent for (referrer name)
_____ from _____

(organisation name) to share with Dardi Munwurro the information I have provided in this assessment, along with all Police, corrections, child protection, court records, medical history and medications record for the purpose of my referral to Dardi Munwurro.

I am aware of and understand the program requirements.

My rights and responsibilities have been explained to me.

Date of birth: _____ Signature: _____

Date: _____

If signed consent is not possible to obtain the referrer must complete the following:

VERBAL CONSENT:

(Client Name) _____ gives verbal consent for (referrer name) _____ from (Organisation name) _____ to share with Dardi Munwurro the information I have provided in this assessment, along with all Police, corrections, child protection, court records, medical history and medications record for the purpose of my referral to Dardi Munwurro.

My rights and responsibilities have been explained to me.

I am aware of and understand the program requirements.

Referrer Signature: _____

Date: _____

Please email this form to: njp@dardimunwurro.com.au OR
For more information contact: Brother to Brother on 1800 435 799