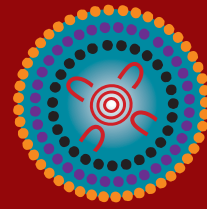


# Referral Form

Please email to [office@nellyshealing.com](mailto:office@nellyshealing.com)  
or mail to 145 Cleveland Street, Darlington NSW 2008



**Nelly's  
Healing  
Centre**

WE ARE THE HEALING  
WE ARE THE ANSWER

Date of Referral.....

## Client

Client full name.....  
(Including Aliases).....

Date of Birth.....

Client address.....  
.....

Phone.....

## Service eligibility

- Current contact/involvement with FACS or Justice
- Voluntarily seeking cultural support / advocacy
- Living in metropolitan or inner west of Sydney
- Aged 18 years or over

## Current living situation

- Private rental
- Transitional centre AOD rehabilitation  
Correctional centre
- Crisis accommodation / Refuge
- Temporary accommodation
- Homeless
- Housing NSW property
- Living with Family / Friend

## Current legal status

- Parole Probation Bond
- Suspended sentence In custody
- Previous contact with FACS or Justice

## Client's Children

Does the client have children?

- Yes     No

Name/s of Children .....DOB

.....  
.....  
.....

Details of FACS.....

.....  
.....  
.....

Details of Justice.....

.....  
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.....

## Referrer details

Name.....

Organisation.....

Position.....

Phone.....

Email.....