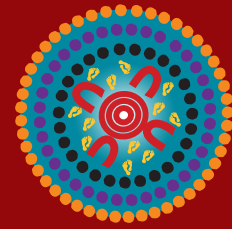


Referral Form

Please email to caseworker1@nellyshealing.org.au
and/or caseworker2@nellyshealing.org.au
or mail to 219-241 Cleveland St, Strawberry Hills NSW 2012

T: 02 9127 2379 M: 0448 725 498



**Nelly's
Healing
Aboriginal
Corporation**

WE ARE THE HEALING
WE ARE THE ANSWER

Date of Referral.....

Type of Referral

General Referral Gullinyjas Project

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 ChildrenDOB

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Details of FACS.....

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Details of Justice.....

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Referrer details

Name.....

Organisation.....

Position.....

Phone.....

Email.....