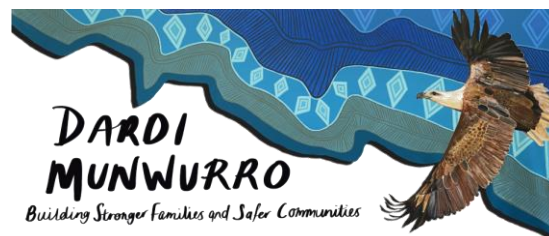


NGARRA JARRANOUNITH PLACE
REFERRAL FORM



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 and/or Torres Strait Islander	Yes / No Yes / No	Who is your Mob/Tribe:	

I HAVE DISCUSSED THE PROGRAM INFORMATION WITH THE CLIENT AND THEY ARE:

Aware of, and understands, the program requirements (see overleaf).

Committed to making positive changes and creating a positive vision for the future.

THE CLIENT IS WILLING TO:

Reside at Ngarra Jarranounith Place for up to 16 weeks.

Provide two alcohol and drug screens as part of the intake process.

Actively participate in all aspects of the program, including group activities and volunteering.

Contribute \$270 per fortnight of their Centrelink payment or equivalent to cover rent, utilities and meals.

Consent to a follow up period of 12-18 months.

Work with the Program's Family Engagement and Safety Worker who will be supporting affected Family members.

DOES THE CLIENT HAVE ANY OF THE FOLLOWING?

Intervention Orders, Family Court Orders, Community Corrections Orders etc.

Charges, Warrants or an Undertaking of Bail.

A mental health diagnosis and/or disability

Details:

RELEASE OF INFORMATION:

The client has completed and signed the **Authority to Release Information Form** and agrees to the release of their:

1. Police, corrections, child protection and court records.
2. Medical history and medications record.
3. Details of previous relationship breakdowns with family and/or friends.

Please provide all documents relating to the client's history with this Referral Form

REFERRER DETAILS:

Name:	Agency:
Email:	Phone:
Solicitor's name:	Solicitor's contact details:

NGARRA JARRANOUNITH PLACE

REFERRAL FORM (cont)

Ngarra Jarranounith Place Program Information

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 Place 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.
- Work 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.

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 Ngarrra Jarranounith Place on '1800 435 799' to discuss the referral.
2. Complete the [Ngarrra 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 options.

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**