The Salvation Army Sunrise Centre
24 Beaton Road, Berrimah, NT 0828
P 08 8997 1000 **E** sunrisecentre@salvationarmy.org.au

REFERRAL FORM

*All sections of the referral form must be completed to proceed to an assessment.

PERSON MAKING THE REFERRAL *(if self-referring, please proceed to next section)*

Agency			
Contact Person		Relationship/Position	
Phone		Will you continue to be involved if this referral is accepted?	☐ Yes ☐ No
Email			

PERSON BEING REFERRED

Name			
Phone		Date of Birth	
Address			
Gender	☐ Male ☐ Female ☐ _____	Pronouns	

Please select the program you would like to refer to ***(please only select one program)***		
☐	**DRUG AND ALCOHOL REHABILITATION PROGRAM** ☐ Residential ☐ Day *(please be mindful of specific selection criteria and limited spaces in the day program)* The Sunrise Centre Drug and Alcohol Foundation Program is available to people of all genders aged over 18 who have completed a detox. The program is a structured treatment program that addresses the psychosocial aspects of addiction through group work, psychoeducation, cognitive behavioural therapy, counselling, case management, and community engagement. Residents have their own bedroom and bathroom for the duration of their stay. Participants attend all program activities and case management meetings. As a participant in the Sunrise Drug and Alcohol Program you are committed to your own recovery which will be reflected in your attendance at all program groups and activities.	
	Drug of Concern	
☐	**HOMELESSNESS PROGRAM** The Salvation Army Sunrise Centre Homelessness Program offers accommodation to all genders over the age of 18. The Homelessness Program supports their clients through case management support, group work and skills development. Residents have their own bedroom and bathroom for the duration of their stay. As a resident in the Homelessness Program, you are required to be enrolled and attending at least one of the many programs on offer, as well as attending weekly house meetings, block meetings and case management meetings.	
Reason for Referral		

The Salvation Army Sunrise Centre

REFERRAL

Country of Birth		Ethnicity	
Hometown/Community			
Identifies as	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither		
Preferred Language		Interpreter Required	☐ Yes ☐ No
Resident Status	☐ Australian Citizen ☐ Permanent Resident ☐ Visa ☐ Other_____		
Accessibility Needs	☐ Hearing ☐ Learning ☐ Mobility ☐ Vision ☐ Medical ☐ Pregnant ☐ Other *(PLEASE PROVIDE DETAILS)*		
Primary Income	☐ Centrelink *(PAYMENT TYPE)* _____ ☐ Full-Time Work ☐ Part-Time Work ☐ Other _____		
Centrelink CRN		Next Payment Date	_____/_____/_____
Forms of ID	☐ Drivers License ☐ 18+ Card ☐ Birth Certificate ☐ Other _____		
Any legal matters, past or upcoming?	☐ Parole ☐ Bailed ☐ Sentenced ☐ Release Date _____ *(IF YES, PLEASE PROVIDE DETAILS - INCLUDING UPCOMING COURT DATES)*		Please Provide Supporting Documents
Mental Health Concerns/Diagnosis	*(IF YES, PLEASE PROVIDE DETAILS)*		Please Provide Supporting Documents
Physical Health Concerns/Diagnosis	*(IF YES, PLEASE PROVIDE DETAILS)*		Please Provide Supporting Documents
Have you attended Detox, Withdrawal and/or Rehabilitation Before?			☐ Yes ☐ No
If You Answered Yes, Please Provide Details			
Emergency Exit Plan	*(Where will you go if you are exited from the program?)*		

SUPPORTING DOCUMENTS *Please select all items that apply to you and provide supporting documents with your referral.**

☐ Criminal History ☐ Current Domestic Violence Orders ☐ Physical Health Summary

☐ Current Correctional Conditions ☐ Mental Health Summary ☐ List of any conflicts of interest

*The Sunrise Centre cannot proceed to an assessment until all applicable supporting documents have been provided.

I _____ consent for this referral to be made to the Salvation Army Sunrise Centre, and for my personal information to be shared with, sent to, collected, and stored by the Salvation Army. My consent is only valid for the period in which I am engaged in treatment, or receiving support interventions from the Salvation Army Sunrise Centre.

Signed: _____ *Date:* _____/_____/_____