KARRALIKA COUNSELLING Justice Services AOD Counselling Referral Form

Please complete all fields and return your referral to:

Email: referrals@karralika.org.au



PO Box 2230 Tuggeranong ACT 2901 P026163 0200 F0262827777

The Karralika Justice Services alcohol and other drug (AOD) Counselling program provides counselling for clients with substance use issues. Clients considered for the program will either have connections to Justice Services in the ACT (i.e. Probation and Parole, AMC, etc.) or have concluded with these services within the last 3 months.

The counselling service focuses on assisting clients to develop strategies to address alcohol and drug issues, deal with issues arising from the transition back to the community as well as providing a service commensurate with a generalist counselling service for up to 12 sessions.

Client Details:

Client's Name:		
Date of Birth		
Phone Number	Emergency Contact:	
Post Code		
Any additional		
information (i.e.		
location in AMC)		
Is client aware of		
this referral?		
Preferred time		
for contact		

Referrer Details:

Name of Organisation:			
Name of referrer:			
Position:			
Contact phone:		Date of Referral	
Email:			
Referral details: (Please include other services involved)	(please include expected date of release fro	om AMC where app	olicable)_
Referring staff member signature			

Upon acceptance of this referral, the Karralika Justice Services AOD Counselling program will undertake to make contact with the referrer within 1 working day of receiving the referral with a view to scheduling an assessment appointment within a week. If the client is in custody the assessment appointment will occur when the release date is within three (3) months.