

Requesting a Clinical Referral for assistance from the Disability Justice Service to better support an individual with disability interfacing with (or at risk of interfacing with) the justice system can be made by the Disability Justice Service Portal:

<https://djsportal.communities.wa.gov.au>

Request Justice Coordination: Advise and resource consultancy including joint planning, management, and collaboration, connecting individuals with the appropriate support networks and relevant disability and justice related services.

Disability Justice Service Portal

- > Make a general enquiry
- > Provide general feedback
- > Make a request for training
- > Provide feedback for training
- > Request for Clinical Referral
- > Request for Justice Coordination

[Instructions to request a Clinical Referral \(PDF\)](#)

If the individual with disability is interfacing with (or at risk of interfacing with) the justice system and you are not sure if they eligible for Department of Communities, please select 'Request for Justice Coordination.' This option will allow DJS to determine if the individual is eligible to receive services.

Instructions for submitting a Clinical Referral

Client Details: Enter individuals details that the referral is for

1. Contact

2. Disability

3. Referrer

4. Supporting Information and Service Request

5. Review

6. Finish

Please enter your contact details, and then select the 'Next' button. NOTE: You must provide at least ONE contact (business, home or mobile) number.

Client Details

First Name *

Last Name *

Date of Birth *

 

Business Phone

Home Phone

Mobile Phone

Email *

File Number *

Phone Number: Provide at least **one** phone number

File Number: Enter correct File Number– an incorrect file number will stop the referral from progressing.

Email djs@communities.wa.gov.au for assistance.

Family Member involved must be added

Guardian must be added

Primary Family Member/Carer/Guardian

First Name *

Last Name *

Contact Number *

Secondary Family Member/Carer/Guardian

First Name

Last Name

Contact Number

**Nature of Disability to be entered – All questions must have a yes or no to progress.
If you want to add details, click yes to, 'Does the person have any other disabilities' - fill out details**

Nature of Disability

Does the person have an intellectual disability? *
 No Yes

Does the person have a cognitive disability? *
 No Yes

Does the person have an autism spectrum disorder? *
 No Yes

Does the person have any other disability? *
 No Yes

Details

Referrer Details – information about person completing this referral

Referrer Details

First Name *

Last Name *

Relationship to person *

Agency Name *

Mobile Phone

Email *

Questions to be answered to get an understanding of why you need this referral:

Referral Issue(s)

Description of the behaviour impacting on the individual *

What is the individual's current interface with the justice system? *

Is the behaviour likely to result in serious harm to self, staff or others? *

Service Request; Outline the types of assistance you require (for example, consultancy on the individual's disability and how this may impact the risk of offending, understanding of unmet needs, capacity building for a support agency supporting the individual)

Service Request *

FINISHED