

d/Deaf Ex-offenders Mutual Support Group Referral Form

All of your answers will be kept confidential.

Name _____

Address _____

Telephone _____

Text only Yes/No

e-mail _____

1. What is your age?

_____ years

2. What is your current employment status?

Working full time

Working part time/casual

Retired

Unemployed and looking for work

Unemployed not looking for work

Student

Caring/Home duties

Volunteering

Other (please state) _____

3. What is your ethnic group?

4. Who made the referral to this program?

**5. What attracted you to this program?
(tick all that apply)**

- The activities offered were appealing to me
- To learn new skills
- To try something new
- To meet new people with similar interests or experiences
- To make a fresh start
- To work together with others towards a common goal
- To be closer to my family or kids
- To help me get my own place
- To help me with a job
- Other (please state) _____

6. All things considered, how satisfied are you with your life as a whole these days?



7. Are you hampered in your daily activities in any way by any longstanding illness, or disability, infirmity or mental health problem?

- No
- Yes, to some extent
- Yes, a lot
- Don't know

8. Other than members of your family how many persons in your local area do you feel you can depend on or feel very close to?

None

1-2 people

More than 2 people

9. How many times did you talk to someone (friends, relatives or others) on the telephone, video call or other social media in the past week (either they called you or you called them)?

None

Once

Twice

Three times

Four times

Five times

Six times

Seven or more times