



New Beginnings HOUSING CIC

Referral form

Date accommodation required:		Referral date:		
Client full name:		Client contact number:		
Client current address:				
Client DOB:		Client NI number:		
Referrer's name:		Referrer's company:		
Referrer's address:		Referrer's contact number:		
Area desired:	PRESTON	CHORLEY	ANY	

Risk assessment

Identified risk		Please circle level of risk		
		LOW	MEDIUM	HIGH
Risk to children	YES/NO	LOW	MEDIUM	HIGH
Risk to self	YES/NO	LOW	MEDIUM	HIGH
Risk to other clients	YES/NO	LOW	MEDIUM	HIGH
Risk to staff	YES/NO	LOW	MEDIUM	HIGH
Risk to females	YES/NO	LOW	MEDIUM	HIGH
Arson	YES/NO	LOW	MEDIUM	HIGH
Please provide information on any identified risk				

Other information**Current Medication****Substance misuse background – substance of choice?****Previous criminal convictions****Has the client been in supported housing before?****How long have you known the client and in what capacity?****Ability of client to work with people (including staff)****Ability of client to think and reflect****Client's adaptability to new experiences****Client's communication skills****Client's ability to deal with own emotions****Client's motivation**

Client's budgeting skills/ ability to manage a tenancy	
Any previous recovery based interventions undertaken by client	
Any other comments	

Signature of referrer _____

Print name _____

Date _____

Signature of client _____

Print name _____

Date _____