A picture containing text

Description automatically generated

*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: | BLACKPOOL |  | CHORLEY |  | ANY |  |

Risk assessment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Identified risk** |  | Please circle level of risk | | |
| 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

*In signing this document you are giving formal consent for New Beginnings Housing to share any relevant information with agencies / next of kin as part of your ongoing support plan.*

*Client is not present to sign but is aware that a referral is being made on their behalf, (please print, sign and date underneath)*

Print name…………………………………

Signature ……………………………………

Date……………………………………