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| **INITIAL REFERRAL FORM**  **Confidential** |



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| *This form is for all Supported Accommodation Referrals to YMCA Worcestershire. Please indicate below to which service this referral is being made.* | | |
| ***ACCOMMODATION BASED SERVICE*** |  |  |
| *Worcestershire YMCA - Redditch (16-24)*  *Worcestershire YMCA -Worcester (16 +)* |  |

**Agency Details**

|  |  |  |  |
| --- | --- | --- | --- |
| District |  | Date of Contact |  |
| Referral Agency |  | E-mail Address |  |
| Contact Name |  | Contact Tel. No |  |

**Clients Details**

|  |  |  |
| --- | --- | --- |
| Client’s Name |  | |
| Address |  | |
| Date of Birth |  | |
| Contact Number |  | |
| NI Number |  | |
| E-mail Address |  | |
| Ethnic Origin |  | |
| Nationality |  | |
| Immigration Status |  | |
| Religion/Beliefs | Not Known | |
| Gender | | **Male Female 🖵** |
| Household Type | | **One person male** |

**Housing Application**

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| --- | --- |
| Are you/is the client registered on Home Choice Plus or Redditch Home Choice? |  |
| If Yes registration number and banding |  |

|  |  |
| --- | --- |
| Reason homeless or potentially homeless |  |
| Please supply further information |  |

**Are you /is the client working with any other agency (social services, probation, drug agencies etc.)**

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| --- | --- | --- |
| Agency | Contact | Contact Number |
|  |  |  |
|  |  |  |

**Client Support Needs**

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| --- | --- | --- | --- |
| Primary Need | Tick as many that apply | Further Information  (This must be filled in if you have ticked a box) | |
| Alcohol Problems |  |  | |
| Drug Problems |  |  | |
| Physical Health |  |  | |
| General Complex Needs |  | Autism, ADHD, Anxiety | |
| Learning Disabilities |  |  | |
| Mentally Disordered Offenders |  |  | |
| Mental Health Problems |  | Low self-esteem and OCD. | |
| Offender / Offending History |  |  | |
| Older People Mental Health |  |  | |
| Older People with Support Needs |  |  | |
| People with HIV/Aids |  |  | |
| People at Risk of Domestic Violence |  |  | |
| Physical or Sensory Disability |  |  | |
| Refugees |  |  | |
| Rough Sleepers |  |  | |
| Single Homeless with Support Needs |  |  | |
| Traveller |  |  | |
| Young People at Risk |  |  | |
| Young People Leaving Care |  | Date Left /Due to Leave |  |
| Hospital Discharge |  | Date Left /Due to Leave |  |
| Armed Forces |  | Date Left /Due to Leave |  |

**Criminality**

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| --- | --- | --- |
| Do you/Does your client have any convictions?  (If the exact dates are not known please include the year) | No  Yes | List of Convictions and Dates |
|  |
| Does the conviction include   * Arson? * Sexual Assault? * Violent Crime? | No Yes 🖵  No Yes 🖵  No  Yes 🖵 | Further Information |
| No convictions |
| Please supply further information on any previous prison sentences served. |  |  |
| Are you/is the client still in prison?  If yes what date did you/they enter prison & what is the release date?  What is the current offence? | Yes  No |  |
| Date In | Date of Release |
|  |  |
|  | |

**Current and Past Housing History**

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| --- | --- | --- | --- |
| Where did you/client sleep last night? (including postcode) | Were you/ they homeless? | | Were you/they sleeping rough? |
| **Mom and sisters sofa** |  | |  |
| Have you/they ever slept rough? | |  | If yes when and how long for. |

**Where have you/has your client lived over the last five years?**

**(Please put in as much info as possible if exact dates not known indicate approximate months, include periods of any rough sleeping)**

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| --- | --- | --- | --- | --- |
| Address | Tenancy Type  (HA, Private rent, Parents etc) | From | To | Reason for Leaving  (Rent arrears, ASBO etc) |
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**Income Details**

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| Income Type | Other No income, putting a claim in for ESA currently claims PIP. |
| If the income is benefits, is the claim live? |  |
| Secondary Income | Other |
| Economic Status | Choose an item. |

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| --- | --- | --- |
| Do you/does your client have rent arrears? |  | Amount and landlord details |
| Not shown on HB records. |

**Family details**

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| --- | --- |
| 16-17 year olds: Estrangement Confirmed? |  |
| Give details of guardian spoken to and when. If written proof is given by young person, phone call must be given to verify the letter. |  |
| Close relatives living in the county (name, address and contact number) |  |

**Medical Information**

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| --- | --- |
| Are you/is the client registered with a GP? | **Alcester Surgery- Will change over to Redditch.** |
| If yes – address of GP |  |
| Give details of current/past physical health | **.** |
| Are you/is the client taking any medication? | **no** |
| If yes – what medication and dosage |  |

**Supporting Information (please provide brief information on client's history and current needs)**

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| --- | --- | --- | --- |
|  | | | |
| **Signed (Applicant)** |  | **Dated** | Click here to enter a date. |
| **Signed (Referral Agency)** |  | **Dated** | Click here to enter a date. |
| **I understand that information about me will be stored on a computer system, and that selected information may be made available to other people and 3rd party agencies where it will be used to address my needs and create better outcomes for my situation. This is in accordance the Data Protection Act. Where the form is being filled on the client’s behalf and they cannot sign the form immediately, it is up to the referring agency to fully explain to their client that by referring them they have given implied consent for information to be shared.** | | | |
| **Signed (Applicant)** |  | **Dated** |  |

|  |  |  |  |  |  |  |
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| **INTIAL SERVICE USER RISK ASSESMENT – A risk assessment is a careful examination of what can cause someone harm, allowing us to weigh up whether we need to take precautions to reduce the risk of harm to the client /others. Although we can never eliminate all risks we need to consider all options as reasonable and practical.** | | | | | | |
| **ASSESMENT UNDERTAKEN BY:** | |  | | **ASSESSMENT DATE:** | |  |
| **Service user name:** |  | | **Service user comments:** | |  | |

|  |  |  |  |  |  |
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| **RISK or HAZARD** | **SELF**  **Yes/No** | **OTHERS**  **Yes/No** | **FROM OTHERS**  **Yes/No** | **COMMENTS** | **RISK**  **Indicate Low, Medium or High** |
|  |  |  |  |  |  |
| General and Physical Health |  |  |  |  |  |
| Mental Health and Emotional Wellbeing |  |  |  |  |  |
| Social Relationships |  |  |  |  |  |
| Abusive and Violent behaviour |  |  |  |  |  |
| Self-Care Skills and Independence |  |  |  |  |  |
| Basic Care, Ensuring Safety and Protection |  |  |  |  |  |
| Family History |  |  |  |  |  |
| Financial and Housing Consideration |  |  |  |  |  |
| Legal and Criminality Issues |  |  |  |  |  |
| Drug and Alcohol History |  |  |  |  |  |
| Safeguarding Issues |  |  |  |  |  |

* A **HAZARD** is anything that may cause harm, such as chemicals, electricity, working from ladders etc;
* A **RISK** is the chance, high, low or medium that somebody could be harmed by these or other hazards, together with an indication of how serious the harm could be.
* **REMEMBER** when reviewing risk you have to consider the precautions are reasonable, and the remaining risk is low; and you involve the client, staff and the wider community.
* **REMEMBER** regular reviews make sure any control measures required stay in place.
* **REMEMBER** to prioritise. Deal with those hazards or risks that are rated high and have serious consequences first.