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| **Referrer** | **Contact Details** |
| Name:  | Email:  |
| Role/Relationship:  | Tel:  |
| Organisation: | Date Referred: |
|  I confirm I have discussed this referral with (insert name): |
|  Does the person want to be assessed for Housing First:  **YES NO****If No –** please hold the referral until the discussion has taken place and their interest is confirmed. |
| **Person being Referred** | **Contact Details** |
| Name:  | Housing Status:  |
| Previous Names:  | Current Address (incl. postcode): |
| Known As:  |
| DOB:  |
| Ethnicity:  |
| Gender:  |
| Care First No: |
| iWorld No:  | Tel:  |
| NI No:  | Email:  |
| **(Delete as appropriate)** |
| Interpreter Required: **YES NO** | Language:  |
| Rough Sleeping: **Never Currently Previously** | Armed Forces: **YES NO** |
| Registered Disabled: **YES NO** Disability/Additional Needs Details : |
| **Details of Income/Current Benefits include monthly amount:** |
| **Care Manager** | **Contact Details** |
| Name:  | Email:  |
| Organisation:  | Tel:  |
| **Other Involved Parties** | **Contact Details** |
| Name(s): | Organisation(s): | Role/Relationship(s): | Address/Email/Tel: |
| Next of Kin (if applicable): | D.O.B.  |
| Tel:  |
| Name of Partner (if applicable):  | D.O.B.  |
| Tel:  |
| Does the person being referred have children: (delete are appropriate) YES NO | Are they In contact with their child(ren): (delete are appropriate) YES NO |
| Name, Gender & Age of Child(ren): |
|  Details of contact with child(ren) if applicable: |
| Reasons for Referral (see HF Criteria): |
| How would Housing First compliment the current care plan?  |
| Summary of Current Situation: |

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| Accommodation History (include history of tenancy, sustainment and rent arrears): |
| **Address (Accommodation type):** | **Dates (from-to):** | **Reason for move on:** |
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| **RISK ASSESSMENT (Summary)** |
| **Risk** | **1) Brief Details/known triggers2) How is the risk managed 3) What measures will reduce the risk** | **Date/Updated** |
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| Alcohol misuse | 1)2)3) |   |
| Drug misuse | 1)2)3) |   |
| Violence and/orChallenging behaviour | 1)2)3) |   |
| Self harm | 1)2)3) |   |
| Fire raising/fire risk | 1)2)3) |   |
| Non-compliance medication | 1)2)3) |   |
| Self neglect | 1)2)3) |   |
| Mobility/Physical Health | 1)2)3) |   |
| Mental Health Issues | 1)2)3) |   |
| Child welfare/protection | 1)2)3) |   |
| Other (please specify)  | 1)2)3) |   |
| **Persons at Risk:** |
| Service User |   |
| Other Service Users |   |
| Staff |   |
| Visitors |   |
| Member of Public |   |
| Other (please specify) |   |
| Adult Male |   |
| Adult Female |   |
| Children/Young People |   |
| Any other relevant information: |
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| Housing First Team Only  |
| Received Date: | Contacted Referrer: **YES NO** |
| Immediate Action Plan /Date: |
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| Allocation: **YES NO** (delete as appropriate) | Organisation: **HF Consortium Salvation Army** |
| HF Officer:  | Date/Time:  |