

Emerging Futures Leeds IOM Housing- Referral Form

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| **Date of Referral:** |  | **Name of Referrer:** |  |
| **Referring Agency:** |  | **Tel No:** |  |
| **Address:** |  | **Email:** |  |
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| **Please state which project your referral is for:** |
| Resettlement |  | Transitional |  | Move-on |  |

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| **Full Name of Client:** |  | **Gender:** |  |
| **Date of Birth:** |  | **Age:** |  |
| **Ethnic Origin:** (as defined by client) |  | **NI Number:** |  |
| **Current Address:** |  |
| **Previous Address:** |  |
| **Telephone Number:** |  |

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| **Next of Kin:** |  | **Relationship:** |  |
| **Contact Number** |  | **Consent to Contact:** |  |

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| **Reason for referral?** e.g. current housing situation (rehab, NFA, staying with friends/family etc) |  |
| **When is accommodation required?** |  |
| **What previous experience of rehabilitation/therapeutic housing does the client have?** |  |
| **Is the client currently abstinent or on OST? (Opiate Substitute Treatment)**If OST please provide details of dose, frequency of script etc. |   |
| **Substances Use History:**including any current use. |  |
| **Is the client currently in receipt of benefits?** If so, please state which (ESA, JSA, UC, PIP) |  |
| **Does the client have any physical and/or mental health support needs?** If yes, please provide details. |  |
| **Does the client have any previous criminal convictions or current legal proceedings (S1)?**e.g., Schedule 1 or Arson? If yes, please give details. |  |
| **Does the client have any history of violence or currently present a risk to others?** If yes, please provide details. |  |
| **Describe any safeguarding concerns.** |  |
| **Describe the client’s family situation and support network.** |  |
| **Could you provide any information about the client’s skills?**i.e., education and/or personal interests? |  |

**If an existing Risk Assessment is in place, please attach with referral form.**

**Please email referral to** **leeds.referrals@emergingfutures.org.uk**