

Emerging Futures West Sussex Housing Referral Form

Referral criteria:

* Have been/are in contact with the criminal justice system.
* Willing to make positive changes to improve all areas of personal wellbeing.
* Willing to engage in an intensive structure of groupwork, activities, volunteering, & education.
* Willing to work in a multi-agency framework.
* Has shown motivation whilst working with partner agencies.
* If on an opioid prescription, stable and looking towards a detox.

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| **Date of Referral** |  | **Referring agency** |  |
| **Name of referrer** |  | **Tel No:** |  |
| **Referrers Office Address** |  | **Email** |  |

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| **Please state which project your referral is for:** | | | | | |
| **Bowerman House, Female Accommodation** |  | **Shakespeare Road, Male Accommodation** |  | **Daubeney House, Male Accommodation** |  |

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| **Please confirm if the person being referred is aware of this referral?** | **Yes  No** |

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| **Full name of client** |  | **Age** |  |
| **Date of Birth** |  | **Ethnic origin (as defined by client)** |  |
| **Current address** |  | **National insurance number** |  |
| **Previous address** |  | **Contact telephone number** |  |

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| **Next of kin** |  | **Relationship to client** |  |
| **Contact number** |  | **Consent given by client** |  |

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| **Reason for referral?** |  |
| **When is accommodation required?** |  |
| **What previous experience of rehabilitation/recovery housing does the client have?** |  |
| **Is the client currently abstinent or on OST?**  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) |  |

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| **Does the client have physical and/or mental health support needs?**  If yes, please provide details. |  |
| **Does the client have any history of violence in the past or currently present a high risk to others?**  If yes, please provide details. |  |
| **Does the client have any criminal convictions or current legal proceedings?**  e.g., Schedule 1 or Arson. If yes, please give details. |  |
| **Please name any other professionals involved with the client.** |  |
| **Describe client’s family situation and support network.** |  |
| **Describe any safeguarding concerns.** |  |
| **Could you provide any information about the client’s skills, education and/or personal interests?** |  |

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

**Please email referral to:** [efwestsussex.referrals@emergingfutures.org.uk](mailto:efwestsussex.referrals@emergingfutures.org.uk)

**Or if you have a cjsm email please send to:** [wsct.referrals@emergingfutures.cjsm.net](mailto:wsct.referrals@emergingfutures.cjsm.net)