|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Referral:** |  | **Office address:** |  |
| **Name of Referrer:** |  | **Tel No:** |  |
| **Referring agency:** |  | **Email:** |  |
| **Please state which project referral is for:** | **Stage 1 – Change Housing** ***Complex Needs*** | [ ]  |
| **Stage 2 – Grow Housing*****Transitional OST (No illicit use/alcohol use)*** | [ ]  |
|  | **Stage 3 – Live Housing** ***Abstinence-based Recovery*** | [ ]  |

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| **Please attach copies of the following -** * **ID (Birth Certificate, Passport, Photographic drivers licence)**
* **Proof of National Insurance number**
* **Details of bank where Universal Credit is paid (e.g., bank statement)**
* **Proof of benefits (e.g., Universal Credit breakdown)**

**Failure to provide these may result in a delay in booking an assessment.** **There may be exception circumstances (for example prison release) where this is not possible –** **in which case we would need these documents on arrival or admission may be delayed.** |

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| --- | --- | --- | --- |
| **Full Name of client:** |  | **Gender** |  |
| **Date of Birth:** |  | **Age** |  |
| **National insurance number:** |  | **Ethnic origin (as defined by client)** |  |
| **Current address:** |  |
| **Previous address:** |  |
| **Contact telephone number/email:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Next of kin:** |  | **Relationship to client:** |  |
| **Contact number:** |  | **Consent given by client to contact:** | **YES / NO** |

|  |  |
| --- | --- |
| Reason for referral? e.g. current housing situation (rehab, NFA, staying with friends/family etc) |  |
| When is accommodation required? |  |
| What previous experience of rehabilitation/recovery housing does client have? |  |
| Is 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 client currently in receipt of benefits? If so please state which (ESA, JSA, UC,PIP) |  |

|  |  |
| --- | --- |
| Does 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 If yes, please give details. |  |
| Historical Schedule 1 or Arson offences? If yes, please give details/context. |  |
| Describe client’s family situation and support network? |  |
| Describe any safeguarding concerns? |  |
| Could you provide any information about the client’s skills, motivations, education and/or personal interests? |  |

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

**Please email referral to:**

**referrals.swindon@emergingfutures.org.uk**

**IMPORTANT NOTICE**

In order for us to process this referral form, we require the following consent from the named client –

1. Consent for this referral form to be sent to and processed by Emerging Futures.
2. Consent for information from agencies, other than the referring agency, to be included in the referral (e.g. list of pre-cons, OASys RA information, medication lists, treatment case notes etc.)
3. Consent for the above referral form to be securely stored - either as digital or hard copy (These are stored for 7 years before being securely destroyed)

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert clients name), agree to the above statements and allow my data to be shared with Emerging Futures CIC, and stored securely by Emerging Futures CIC. I understand that the purpose of this information is assist Emerging Futures CIC in assessing suitability for housing within their organisation. By signing below, I agree to the above terms.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_