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**Birmingham & Worcester Recovery Housing Referral Form**

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| **Date of Referral** |  | **Office address** |  | |
| **Name of referrer** |  | **Tel No:** |  | |
| **Referring agency** |  | **Email** |  | |
| **Please tick which projects the referral is for:** |
| **Nelson Road, Worcester (Abstinent based Recovery)** |  | **Malvern Road, Worcester (Transitional OST Housing)** |  |
|  | **Nursery Walk, Worcester**  **(Abstinent based Recovery)** |  | **George Road, Birmingham**  **(Abstinent based Recovery)**  **Opening in October/November 23** |  |
|  | **Worcestershire Recovery Service**  **1-1 support, Group work, Mutual Aid** |  |  |  |

**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** |  | **GP Address** |  |
| **Previous address** |  |  |  |
| **Contact telephone number** |  | **GP 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? 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)** |  |

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| --- | --- |
| **Does client have physical and/or mental health support needs? If yes, please provide details.** |  |
| **History of violence, current to others?** |  |
| **Does the client have any criminal convictions or current legal proceedings?**  **Please list any unspent convictions.**  **Sexual offences or Arson? If yes, please give details.**  **Please attached OASys or similar risk assessment if available.** |  |
| **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?** |  |

**Please email all Birmingham referrals to: -** [**bhamhousing@emergingfutures.org.uk**](mailto:bhamhousing@emergingfutures.org.uk)

**Worcester referrals to:** [**referrals.worcestershire@emergingfutures.org.uk**](mailto:referrals.worcestershire@emergingfutures.org.uk)

**IMPORTANT NOTICE**

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)
4. Consent for all Emerging Futures staff to share information between internal services and relevant professionals where appropriate and in the client’s interest.

* Probation
* Housing services
* Treatment providers
* Social services
* GP, healthcare providers
* Other – Please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_