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**Emerging Futures Housing**

**Referral Form FRESH**

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| **Full Name of client** |  |
| **Date of Birth** |  | **Age** |  |
| **National insurance number** |  | **Ethnic origin (as defined by client)** |  |
| **Current address** |  | **Is there a perpetrator who lives at this address?** |  |
| **Contact telephone number** |  | **Is it safe to call?** |  |
| **When would be the best time to contact?** |  | **Is the client aware the referral has been made?** |  |

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

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| **Safe contact notes** |  |
| **When is accommodation required?** |  |
| **What previous experience of rehabilitation/recovery housing does client have?** |  |
| **Substance use history including any current use of alcohol/drugs?** |  |
| **Is client currently in treatment for substance use? If so please provide details of Px dose, frequency of script etc.** |  |
| **Is client currently in receipt of benefits? If so please state which (ESA, JSA, UC)** |  |

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| **Does client have physical and/or mental health support needs? If yes please provide details.** |  |
| **Has a MARAC referral been made or has this case been heard at MARAC?** |  |
| **Does the client have any criminal convictions or current legal proceedings? If yes please give details.** |  |
| **Describe the client’s family situation and support network?** |  |
| **Is the client receiving support from any other services?** |  |
| **Could you provide any information about the clients skills, education and/or personal interests?** |  |

**If an existing Risk Assessment/DASH is in place,**

**please attach with referral form.**

**Send completed referral to:**

**lancshousing@emergingfutures.org.uk**