Emerging Futures Housing Referral Form

Please forward an up-to-date risk assessment in support of this referral for support

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| **HAS SERVICE USER GIVEN CONSENT FOR THIS REFERRAL?** |
| **YES □** | **NO □** |
| **Date of Referral** |  | **Office address** |  |
| **Name of referrer** |  | **Tel No:** |  |
| **Referring agency** |  | **Email** |  |
| **Please mark which project referral is required:** | **Housing Clinic/Floating support** | **□** | **Community Recovery Housing** | **□** |
| **If we could provide a Community Recovery Housing bed space, which areas would you prefer?** |
| **Criminal Justice Housing****\*Section 31\*****□** | **Hatfield** **\*Housing First, Transitional and Abstinent\*****□** | **Watford****Transitional and Abstinent\*****□** |
| **Please attach copies of the following*** **ID □**
* **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.** |

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| **Does the person requesting support have a local connection to the below areas in Hertfordshire?** |
| **Broxbourne Council****□** | **Dacorum Council****□** | **East Herts Council****□** | **Hertsmere Borough Council****□** | **North Herts Council****□** |
| **St. Albans City Council****□** | **Stevenage Borough Council****□** | **Three Rivers Council****□** | **Watford Borough Council****□** | **Welwyn Hatfield Borough Council****□** |
| **If none of the above please add last know local connection?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Full Name of client** |  | **Gender** |  |
| **Date of Birth** |  | **Age** |  |
| **Current address** |  | **Ethnic origin (as defined by client)** |  |
| **Previous address** |  | **National insurance number** |  |
| **Contact telephone number** |  | **Sexual Orientation** |  |
| **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)**Please provide as much details as possible. |  |
| **When is accommodation required?** |  |
| **Is the service user restricted from residing or visiting any specific towns or areas?** Please provide details. |  |
| **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** |  |

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| **Is client currently in receipt of benefits?** If so please state which (ESA, JSA, UC,PIP) and please supply evidence. |  |
| **Does client have physical and/or mental health support needs? If yes, please provide details**Please provide risk assessment. |  |
| **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. |  |
| **Describe client’s family situation and support network?** |  |
| **Describe any safeguarding concerns?**Please provide as much details as possible. |  |
| **Could you provide any information about the client’s skills, education and/or personal interests?** |  |
| **Please add any further information that may be relevant to this referral:** |  |

**Please email referral to:** **Hertfordshire.referrals@emergingfutures.org.uk**