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**](mailto:Hertfordshire.referrals@emergingfutures.org.uk)