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| --- | --- | --- | --- | --- |
| **Referrer** | | | **Contact Details** | |
| Name: | | | Email: | |
| Role/Relationship: | | | Tel: | |
| Organisation: | | | Date Referred: | |
| I confirm I have discussed this referral with (insert name): | | | | |
| Does the person want to be assessed for Housing First:  **YES NO**  **If No –** please hold the referral until the discussion has taken place and their interest is confirmed. | | | | |
| **Person being Referred** | | | **Contact Details** | |
| Name: | | | Housing Status: | |
| Previous Names: | | | Current Address (incl. postcode): | |
| Known As: | | |
| DOB: | | |
| Ethnicity: | | |
| Gender: | | |
| Care First No: | | |
| iWorld No: | | | Tel: | |
| NI No: | | | Email: | |
| **(Delete as appropriate)** | | | | |
| Interpreter Required: **YES NO** | | | Language: | |
| Rough Sleeping: **Never Currently Previously** | | | Armed Forces: **YES NO** | |
| Registered Disabled: **YES NO** Disability/Additional Needs Details : | | | | |
| **Details of Income/Current Benefits include monthly amount:** | | | | |
| **Care Manager** | | **Contact Details** | | |
| Name: | | Email: | | |
| Organisation: | | Tel: | | |
| **Other Involved Parties** | | **Contact Details** | | |
| Name(s): | Organisation(s): | Role/Relationship(s): | | Address/Email/Tel: |
| Next of Kin (if applicable): | | D.O.B. | | |
| Tel: | | |
| Name of Partner (if applicable): | | D.O.B. | | |
| Tel: | | |
| Does the person being referred have children:  (delete are appropriate) YES NO | | Are they In contact with their child(ren):  (delete are appropriate) YES NO | | |
| Name, Gender & Age of Child(ren): | | | | |
| Details of contact with child(ren) if applicable: | | | | |
| Reasons for Referral (see HF Criteria): | | | | |
| How would Housing First compliment the current care plan? | | | | |
| Summary of Current Situation: | | | | |

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| Accommodation History (include history of tenancy, sustainment and rent arrears): | | |
| **Address (Accommodation type):** | **Dates (from-to):** | **Reason for move on:** |
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| **RISK ASSESSMENT (Summary)** | | |
| **Risk** | **1) Brief Details/known triggers 2) How is the risk managed  3) What measures will reduce the risk** | **Date/Updated** |
|
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| Alcohol misuse | 1) 2) 3) |  |
| Drug misuse | 1) 2) 3) |  |
| Violence and/or Challenging behaviour | 1) 2) 3) |  |
| Self harm | 1) 2) 3) |  |
| Fire raising/fire risk | 1) 2) 3) |  |
| Non-compliance medication | 1) 2) 3) |  |
| Self neglect | 1) 2) 3) |  |
| Mobility/Physical Health | 1) 2) 3) |  |
| Mental Health Issues | 1) 2) 3) |  |
| Child welfare/protection | 1) 2) 3) |  |
| Other (please specify) | 1) 2) 3) |  |
| **Persons at Risk:** | | |
| Service User |  | |
| Other Service Users |  | |
| Staff |  | |
| Visitors |  | |
| Member of Public |  | |
| Other (please specify) |  | |
| Adult Male |  | |
| Adult Female |  | |
| Children/Young People |  | |
| Any other relevant information: | | |
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| Housing First Team Only | |
| Received Date: | Contacted Referrer: **YES NO** |
| Immediate Action Plan /Date: | |
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| Allocation: **YES NO** (delete as appropriate) | Organisation: **HF Consortium Salvation Army** |
| HF Officer: | Date/Time: |