Single Referral Form for Outreach Support and Supported Accommodation Services in Cornwall

Date completed	

Applicant Details

Name (s)		Likes to be called:	
DOB:		Age:	
Gender:		Marital Status:	
Tel: Home:		Mobile:	
Email:			

How would you like to be contacted: Phone: Email: Letter:

When is it best to contact you:

Current Location/Address (please provide as much detail as possible):

Who do you live with? How long have you lived there?

Nationality:

National Insurance Number:

Are you attending school/college?		Are you in employment?	
Do you have any children?		Are you in training or education	
Have you served in the armed forces?		Dependants?	
Are you leaving formal care		Do you smoke	

Brief outline of current circumstances

Required Services: Please indicate below which services you are applying for

Name /Type of Service:

Telephone Number:

Brief Description of Service Required:

Preferred Geographical Area:

Geographical Area to Avoid (Safety):

Housing History: Please detail where you have lived over the past 5 years including time sleeping rough. (Starting with the most recent accommodation and state type of tenancy.)

Address:

From: to: Reason for leaving:

Address:

From: to: Reason for leaving:

Address:

From: to: Reason for leaving:

Address:

From: to: Reason for leaving:

Finances / Income

Current income:

Any Debt:

Bank Account? Please select

Health Information

Which GP Practice are you registered with?

Are you suffering from ill health (mental / physical) at present?

If yes, please give brief details:

Are you taking any prescribed medication? No

If yes, please give brief details:

Do you consider yourself to have a disability? No

If yes, please give brief details:

Please let us know if you need any particular assistance from us, such as facilities to help with mobility, vision or hearing, or information in a different format.

Other relevant health issues:

Areas Requiring Support			
Financing / Debt / Budgeting		Maintaining accommodation	
Housing / Homelessness		Personal safety and security	
Access to training or employment		Health and well being	
Gaining access to other services		Alcohol misuse	
Mental health issues		Drug misuse	
Domestic abuse		Offending behaviour	
Accessing community organisations		Social skills / isolation	
Emotional support		Behaviour management	
Physical Disability		Sensory Impairment	
Other (please specify below)			

If you have ticked any of the above, please provide details of any specific support needs that have been identified

Current Support Received (Please provide name and contact details)

☐ Family Member / Carer:

☐ Friend:

☐ Social Worker:

☐ Probation / Youth Offending Service:

☐ CPN:

☐ Health Professional:

☐ Other Involved Support Worker:

☐ Hours of Existing Support:

☐ Key Worker Details:

Risk Assessment

Please give details of any of the following:

Criminal convictions:

Subject to Probation Order or Supervision License:

History of offending behaviour:

History of aggressive behaviour:

History of fire risk:

Alcohol or drug use:

History of self harm / suicidal thoughts:

Have any risks been identified in past accommodation:

Are there any reasons why it might be unsafe for a support worker to visit alone?

No

If yes, please give details:

Do you have any pets in your home?

Referrer Details

Date of Referral:

Referred by: Name

Agency Address:

Tel: e-mail:

Referral Outcome

Referral Accepted / Referral Declined Select

Reason for decline:

Disclosure of information and Confidentiality Agreement

I understand that the information I have given today will be stored in paper form as well as electronically. It has been explained to me that it will be stored securely in line with the data protection policy.

I understand that the information will be shared with the agencies indicated on page one of this referral form.

Information Disclosure

It has been explained to me that the information I have supplied will be treated as confidential and will not be shared outside of the terms of this agreement unless it is believed any of the following may be true:

- Where there is an allegation or admission of child abuse
- Where there is an allegation or admission of abuse of or from an individual
- Where there is a perceived risk of self harming
- When a member of staff is called to a court of law to give evidence
- Where there is a genuine threat of violence against another individual
- Where there is an intent to cause arson

Consent

In order to give you the most appropriate level of support it may be necessary to work with other agencies who know you. Your consent is needed to do this.

I hereby give my consent for relevant information related to my assessment to be shared with other relevant agencies when it is believed it will help address specific support need or housing issue. I have indicated below the agencies I **DO NOT** wish information to be shared with.

I do not want any of my personal information shared with:

Name

Signed Date

If the person is unable to sign the form for any reason please give your name and the date and time the person gave their consent:

Referrers name:

Date consent is given by person referred: