

Safe Haven Sussex CIC

Confidential Client Referral Form

Safe Haven Sussex CIC provides supported accommodation to people with care support and supervision needs. Dependent on individual circumstances clients can be supported in supervisory community based shared properties.

Please use this form only to refer clients to Safe Haven Sussex CIC.

Guidance and information:

- Please type or write clearly and preferably in black ink
- Please give clear information about the client
- Add any additional information to the referral form
- We aim to respond within 48 hours
- Please email forms to the address below

Safe Haven Sussex CIC

Telephone: 01273 757070

Email: info@safehavensussex.org.uk

Name of Referrer:	Position:
Name of Organisation and address:	
Telephone:	



Safe Haven Sussex CIC Client Referral Form

Section One: Personal
Name of Client:
Date of birth:
Nationality:
Ethnic origin:
Religion:
Present Home Address:
Telephone:
Previous location:
National Insurance Number:
Benefits received (please note clients must be in receipt of a benefit other than housing benefit to be eligible):
Has client been assigned a Social Worker or Community Psychiatric Nurse? If applicable please give details:
Section Two: Next of Kin contact details
Name:
Relationship:
Address:
Telephone:
Mobile:



Section Three: Medical and Psychiatric detail

Diagnosis: Please be as specific as possible

Existing Related Symptoms: Please give details

Mental Health Section (if applicable) Has the client been diagnosed with a mental health condition?
Has the client had a mental health assessment, if yes please provide details

Medication currently prescribed: Please give full details

Section Four: Drugs/Alcohol Use

Please give full details:



Section Five: Behavioural Issues:

Please give as much detail as possible:

Section Six: Criminal Offences:

Please give details:

Offence:	Custodial Sentence		Where was the Sentence served?	Length of sentence: Dates:
	Yes	No		

Section Seven: Support Needs

In the referrer's opinion what care, support or supervision requirements does the client have?

Does the client have social interaction issues? (please give details)

Describe any problems encountered by the Client with daily living



activities:

E.g. cooking, cleaning, taking medication, going out, using public transport, laundry, shopping, budgeting, personal hygiene.

Section Eight: Risks to be noted:

Please give details of any risks that need to be taken into consideration:

Section Nine: Bank details:

Bank/Building Society/Post office Name:

Savings:

Which bank account?

How much?

Section Ten: Relevant documents attached to this form:

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Section Eleven: Date and Signature

Referrer Name:

Signature:

Date: