

Safe Haven Sussex CIC

Confidential Client Referral Form

Safe Haven Sussex CIC provides supported accommodation to single homeless vulnerable adults who have support needs. To ensure that the most appropriate support is provided in a holistic manner, it is essential to have the information necessary to undertake a comprehensive support needs and risk assessment. It is therefore vital that as much information as possible is provided within this form, including offending history if it applies. If such information is not disclosed, it may cause a delay in the client being assessed and or placed or they may be referred back pending the required information being forwarded.

Please note: Clients will have a 30-day probation period to ensure that the service is the most appropriate for the client and will be of benefit to them.

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 72 hours
- Please email forms to the address below including Proof of Benefit and ID

Safe Haven Sussex CIC

Telephone: 01273 757070

Email: referrals@safehavensussex.org.uk

Name of Referrer:	Position:
Referrers Email:	
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:
Identified Gender:
Present Home Address:
Please provide 3 year address history:
Telephone: (Referral will not be considered if client does not have a contact number)
National Insurance Number: (Referral will not be considered if NI number is not provided)
Benefits received: (clients must be in receipt of a benefit other than housing benefit to be eligible and must provide proof before being invited to an assessment)
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: How can we help you?

Please provide details of the support required.

Please specify what support you need which you are currently not receiving

Section Four: Physical Health Conditions

Diagnosis: Please be as specific as possible

Existing Related Symptoms: Please give details of how your condition affects your daily living tasks

Section Five: Mental Health Conditions

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

Section Six: Behavioural Issues:

Please give as much detail as possible:

Background

Triggers

Risks to self and other people

GP Details
 Doctor Surgery Dress:
 Phone Number:
 Assigned GP's Name:

Section Seven: Drugs/Alcohol Use

Please give full details:
 Our houses are dry houses

If the client has previous drug or alcohol misuse issues, they must be abstinent for at least 8 weeks before the referral can be considered

Please provide evidence of abstinence from a third party (this must be a professional, for example a CLG worker) and details of support for this must be provided)

Section Eight: Criminal Offences:

Please give details: (withholding information may put the client's placement at risk)

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

Details of probation officers

Details of licence

Section Nine: Support Needs

In the referrer's opinion what care, support or supervision requirements does the client have? (A low to medium level of support must be required, if the client only requires support with housing then this service is not suitable for them, our houses are not staffed but there are daily welfare checks, engagement is monitored and clients are expected to attend keyworks, group sessions and workshops)

How do you manage to maintain your personal hygiene

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 Ten: Risks to be noted:

Please give details of any risks that need to be taken into consideration in addition to completing the risk assessment at the end of this form:

Section Eleven: Bank details:

Bank/Building Society/Post office Name:

Savings:

Which bank account?

Balance?

Section Twelve: Relevant documents attached to this form:

Please attached ID and Proof of benefits

Please note we cannot house the client without ID and Proof of benefits

We can accept the following as ID and proof of benefits.

- ID (photo/scan of anything with the clients name and address e.g. bank card/bank statement/passport/driving licence etc.)
- Proof of benefit (this can be a screenshot of UC portal or bank statement with receipt of benefit)

Section Thirteen: Date and Signature

Referrer Name:

Signature:

Date:

<p>Risk Assessment Checklist – (tick all relevant columns where a risk is identified, please indicate whether it is HIGH, MEDIUM OR LOW RISK based on knowledge of the Service User)</p> <p>If you do not know the risk of a particular factor, please specify “Not Known.”</p>									
Risk to Self									
Risk Factor	high	medium	low	not known	Risk Factor	high	medium	low	not known
Self-Neglect					Wandering				
Abuse by others/financial abuse					Choking				
Non-compliance with medication					Mobility on stairs				
Drug misuse					Road sense				
Self-injury behaviour					Environmental risks				
Alcohol abuse					Medical problems				
Anti-social behaviour					Sensory disabilities				
Non-engagement with staff					Ingesting substances				
Suicide					other				
Falling									
Risk to others									
Risk Factor	high	medium	low	not known	Risk Factor	high	medium	low	not known

Violence to family members					Threat to children				
Violence to staff					Sexual offences				
Violence to other residents					Inappropriate behaviour				
Violence to general public					Other				
Violence from a third party									
	Risk on transport								
Risk Factor	high	medium	low	not known		high	medium	low	not known
Seatbelts					Moving around on bus/train				
Lift on bus									
	Risk related to property								
Risk Factor	high	medium	low	not known		high	medium	low	not known
Arson					Rent arrears				
Damage to property					Abandonment				
Theft					Interference with electricity/gas				

Details of any risks identified as medium or high

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Any special precautions

Other Risks (Please Specify)

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