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| **To be completed by the client, carer or agency.** |  |
| **Further information about our support services can be found at www.kbop.org** |
| Date of Referral: |  |
| Client Approval | Is the person you are referring in agreement with this application? Yes[ ]  No [ ]  |

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| Section 1 – Applicant Details |
| Full Name |  | Gender |  |
| NI Number |  |
| Date of Birth |  | Age |  |
| Phone Number/s(Is it safe to call and leave a message?) |  |
| Email Address |  |
| Language(s) Spoken & Written |  |
| Are there any communicative needs? (e.g. translator or sign language required)Yes [ ]  No [ ]  |  |
| Current Address / Postal address if no fixed addressInclude Postcode |  | Landlord - Please mark with a cross “x” as appropriate |
|  | Local Authority |
|  | Registered Social Landlord (Please provide landlord details) |
|  | Temporary Accommodation |
|  | Private Landlord (Please provide landlord details) |
|  | Living with Family/Friends |
|  | No Fixed Address: rough sleeping / sofa surfing |
|  | Owner Occupier |
|  | Other: |  |
| Other family at the address |  | No. of dependants: |  |
|  |  | Provide further information on client’s children  |

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| Name of Child | Date of Birth |
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| Section 2 – Support Needs |
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| Is applicant a rough sleeper? Yes [ ]  No [ ] Has the applicant been assessed by the homelessness prevention unit? Yes [ ]  No [ ] Has client been served eviction notice which will take effect within 56 days? Yes [ ]  No [ ] Has applicant been recently released from prison? Yes [ ]  No [ ] Is the applicant currently in custody? Yes [ ]  No [ ] Is the client at risk of offending? Yes [ ]  No [ ] Does the applicant have a current drug or substance misuse problem? Yes [ ]  No [ ] Does the applicant have a current alcohol problem? Yes [ ]  No [ ] Is the applicant currently engaged with any recognised mental health services? Yes [ ]  No [ ] Is the client currently engaged with any drug or alcohol services? Yes [ ]  No [ ] Is the applicant a refugee? Yes [ ]  No [ ] Is the client at risk or a victim of domestic violence? Yes[ ]  No [ ] Is the client at risk of becoming a victim of domestic violence? Yes [ ]  No [ ] Is target hardening required for this case? Yes [ ]  No [ ] Does the client exhibit challenging behaviour? Yes [ ]  No [ ] Does the client have any physical/sensory health problems? Yes [ ]  No [ ] Does the Client have a mental health need? Yes [ ]  No [ ] Is the client suffering from isolation and in need of social engagement support Yes [ ]  No [ ] Does the client have a long-term physical health condition? Yes [ ]  No [ ] Has the client been identified with a learning disability? Yes [ ]  No [ ] Has the client been identified as having a learning difficulty? Yes [ ]  No [ ] Does the client need to comply with a statutory order? Yes [ ]  No [ ] Does the client require support with financial management Yes [ ]  No [ ]  |

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| Section 3 – Commentary on Support Needs |
| This section of the form seeks to identify an individual need for the various services available under Kirklees Better Outcomes Partnership. The information obtained will enable us to ascertain the applicant’s eligibility on to program and determine the most appropriate provider to deliver the service |
| *Please mark with a cross “x” as appropriate the specific support needed:* |
|  | **Accommodation**:Eg; access to housing, homelessness prevention, rent arrears, outstanding eviction, managing a tenancy, tenancy sustainment, independent living skills. |
| Please add any information that might be relevant*: -* |
|  | **Money**:Eg; assistance with welfare benefits / sanctions, budgeting, managing debts, maximising income. |
| Please add any information that might be relevant*: -* |
|  | **Health and wellbeing:**Eg; physical health, mental health and wellbeing. |
| Please add any information that might be relevant*: -* |
|  | **Substance misuse**:Eg; drug, alcohol misuse. |
| Please add any information that might be relevant*: -* |
|  | **Offending:**Eg**;** compliance with statutory orders, managing risk to others |
| Please add any information that might be relevant*: -* |
|  | **Domestic abuse:**Eg; personal safety, family, parenting, safeguarding |
| Please add any information that might be relevant*: -* |
|  | **Work and learning**:Eg; employment, training, education and volunteering. |
| Please add any information that might be relevant*: -* |
|  | **Self care and harmful behaviour**:Eg; self harm, ASB, hoarding, safeguarding / protection from abuse. |
| Please add any information that might be relevant*: -* |
|  | **Empowerment and support networks**:Eg; community, other agency, relationships, parenting and caring, motivation and personal responsibility, self esteem. |
| Please add any information that might be relevant*: -* |
|  | **Legal issues**:Eg; recourse to public funds, immigration status, access to criminal / civil justice. |
| Please add any information that might be relevant*: -* |

Any additional information

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| Section 4 – Involved Professionals, current or previous (where applicable) |
| *Please give details of all other professionals, agencies and carers who are involved in supporting the applicant (use separate sheet if needed). This may include, for example, Welfare Rights Services, Drug Workers, CPNs, Doctors, Psychiatrists, Social Workers.* |
| Name: |  | Name: |  |
| Agency: |  | Agency: |  |
| Address incl postcode: |  | Address incl postcode: |  |
| Telephone: |  | Telephone: |  |
| Email: |  | Email: |  |
| Nature of Support/Care Provided: |  | Nature of Support/Care Provided: |  |

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| Section 5 – Hazards and Risks |
| *Please mark with a cross “x” any of the following which you think we should consider when working with this applicant.**We will contact you for further information if required,* ***please provide your contact details in the final section*** | *If accepted, the applicant may be provided with a floating support based service involving* ***LONE WORKERS*** *visiting him/her regularly at home or in public places. Do you consider that any additional precautions need to be taken when working with this applicant in these circumstances?* |
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|  | Risk to Self | Risk to Others | Risk to Staff |
| Violence, harassment, abuse |  |  |  |
| Domestic/ sexual abuse |  |  |  |
| Alcohol/ Drug use |  |  |  |
| Arson/ Fire |  |  |  |

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| Section 6 – A referrer signature is required |
| Referrer Details (where applicable) |
| Subject to the client’s consent would you like to be invited to the assessment? | Yes / No |
| Name: |  | Telephone Number: |  |
| Position: |  | Fax Number: |  |
| Organisation: |  | Email Address: |  |
| Address:Postcode: |  | **Referrer’s Signature:** |  |
| Length of time you have known the client : |  | Date: |  |

**Completed referral forms can be**

**Emailed to:** **hello@kbop.org**