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| KIRKLEES BETTER OUTCOMES PARTNERSHIP REFERRAL FORM | | |
| Date of referral: / /  Participant Approval  Is the person you are referring in agreement with this application? Yes  No | | |
| Referral details | | |
| Surname:  Forename:  Title:  Gender: Male  Female  Other  Date of Birth:  Contact Number(s):  Is it safe to call and leave a message on this number?  Yes  No  Email address:  Other Contact Details:  Current Address / Postal address if no fixed address: Please include Postcode  Landlord - Please mark 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does anyone else live at your address with you?  Yes  No  Please provide details of all other occupants: | Immigration Status:  UK National  EEA  Third Country National  Leave to Remain  Asylum Seeker  If you have Leave to Remain do you have:   1. Refugee status   Do you have a NASS 35? Yes  No  What date do you have to leave NASS  accommodation?........................................   1. Discretionary Leave to Remain 2. Humanitarian Protection   If you are an Asylum Seeker are you:  Awaiting decision  Appealing decision  Over staying leave to remain  Receiving NASS Support  Destitute  Are you a veteran of the armed forces? Yes  No  Do you require an Interpreter? Yes  No  Do you read and write English? Yes  No  Do you have any communication accessibility issues?  If yes, please detail | |
| Diversity  Ethnicity: Nationality: Religion/Beliefs:  Sexual Orientation: Heterosexual / straight  Gay/Lesbian  Bisexual  Other  Prefer not to say  Transgender? Yes  No  Gender Identity: Male  Female  Other  Disabilities? Yes  None  Don’t know  Not asked  Declined  Pregnant? Yes  No  Don’t know  Not asked | | |
| Accommodation  Are you a single person? Yes  No  Do you have dependents who live with you? Yes  No  Are you homeless? Yes  No  Are you a rough sleeper? Yes  No  Are you in custody? Yes  No  Are you at risk of homelessness / eviction? Yes  No  Please provide details of your current situation, and how you would like KBOP to support you to achieve your goals:  Finances  Would you like support with your financial situation? Yes  No  Please provide details of your current situation, and how you would like KBOP to support you to achieve your goals: | |
| Health and well-being  Would you like support with your physical health? Yes  No  Would you like support with your mental health and emotional wellbeing? Yes  No  Have you been diagnosed with a mental health condition? Yes  No  Are you currently working with any mental health services? Yes  No  Which mental health service(s) are you working with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you registered with a GP? Yes  No  Please provide details of your current situation, and how you would like KBOP to support you to achieve your goals:  Learning Disabilities / Difficulties  Do you have any learning disabilities/difficulties? Yes  No  Are there any adaptations we can make to support accessibility, communication and understanding information:  Substance misuse  Are you currently using substances? Yes  No  Drugs? Yes  No  Alcohol? Yes  No  Are you currently working with any substance misuse services? Yes  No  Please provide details of the substance misuse service you are working with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please provide details of your current situation, and how you would like KBOP to support you to achieve your goals:  Offending  Do you need to comply with a statutory order? Yes  No  Please provide details of your current or recent offending, if there were any factors that contributed to the offence that you would like to overcome and how you would like KBOP to support you to achieve your goals.    Care History  Have you ever been in care? Yes  No  Is there anything you would like us to know about this experience or that may be relevant to enabling you to live independently?  Domestic Abuse  Are you at risk of or are you experiencing Domestic Abuse? Yes  No  Do you need support to make your home safe? (Target Hardening) Yes  No  Please provide details of your current situation, and how you would like KBOP to support you to achieve your goals or keep you safe:  Work and learning  Are you currently in work? Yes  No  Are you currently studying? Yes  No  Do you receive any long-term disability benefits? Yes  No  Would you like support to explore employment opportunities? Yes  No  Would you like support to explore learning opportunities? Yes  No  Would you like support to explore volunteering opportunities? Yes  No  Please provide details of your current situation and any aspirations or goals for future work and learning that you would like KBOP to support you to achieve:  Social and Support Networks  Please use this space to describe your current situation. Who is in your current network? Do you feel your support network is helping you achieve your goals? How would you like KBOP to support you in this area? | |
| Safety plan | |
| Risk Information: If you are aware of any risks to the following groups, please record details here. If a full risk assessment has not been completed, please give details of any risks identified based on your contact with the participant to date. Please select 'Yes' where risks are known, 'None Identified' where no risks are known, and 'Not Known' where a risk assessment has not been completed.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Risk Group | Has a risk been identified? | Level of risk | Current or historical risk? | Give Details | | [Children](javascript:gridrowedit(27437041,1)) |  |  |  |  | | [Public](javascript:gridrowedit(27437041,2)) |  |  |  |  | | [Known Adult](javascript:gridrowedit(27437041,3)) |  |  |  |  | | [Staff](javascript:gridrowedit(27437041,4)) |  |  |  |  | | [Other residents](javascript:gridrowedit(27437041,5)) |  |  |  |  | | [Self-Harm](javascript:gridrowedit(27437041,6)) |  |  |  |  | | [Vulnerable to Abuse](javascript:gridrowedit(27437041,7)) |  |  |  |  | | |
| Key Contacts | |
| Please give details of other key contacts, professionals, agencies and carers who are involved in supporting you (the applicant). This may include, for example, Welfare Rights Services, Drug Workers, CPNs, Doctors, Psychiatrists, Social Workers. | |
| Name:  Relationship:  Agency:  Address incl. postcode:  Telephone:  Email:  Nature of Support/Care Provided: | Name:  Relationship:  Agency:  Address incl. postcode:  Telephone:  Email:  Nature of Support/Care Provided: |
| Referrer Details (where applicable) | |
| Name:  Organisation:  Address:  Telephone:  Email:  Referrer’s Signature:  Date: | |