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|  KIRKLEES BETTER OUTCOMES PARTNERSHIP REFERRAL FORM |
| Date of referral: / /Participant ApprovalIs 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 PostcodeLandlord - 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[ ]  DestituteAre 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   |
| DiversityEthnicity: 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 [ ]   |
| AccommodationAre 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-beingWould 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 / DifficultiesDo you have any learning disabilities/difficulties? Yes [ ]  No [ ] Are there any adaptations we can make to support accessibility, communication and understanding information:Substance misuseAre 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 HistoryHave 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 AbuseAre 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 learningAre 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 NetworksPlease 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.

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| Risk Group | Has a risk been identified? | Level of risk | Current or historical risk? | Give Details |
| Children |  |  |  |  |
| Public |  |  |  |  |
| Known Adult |  |  |  |  |
| Staff |  |  |  |  |
| Other residents |  |  |  |  |
| Self-Harm  |  |  |  |  |
| Vulnerable to Abuse |  |  |  |  |

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| 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: |