**WY-FI Referral Form**

This form should be used to notify the local WY-FI team of a person for whom

there is evidence that they might benefit from engagement with the navigator team. In order to access the navigator service, an individual must meet the following criteria:

1. They must demonstrate need in at least 3 of the following 4 areas OR if they are female or a member of the BME community they only need to meet 2 of the following areas:
   1. Mental Health b. Criminal Justice c. Substance Misuse d. Homelessness
2. They must not be meaningfully engaged with services to address their needs

This form should be completed as fully as possible and submitted to the local navigator team via email to [wyfi@commlinks.co.uk](mailto:wyfi@commlinks.co.uk) or to the secure email at [wyfi.team@commlinks.cjsm.net](mailto:wyfi.team@commlinks.cjsm.net) who will then make an assessment as to whether the individual meets the service threshold.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of person submitting the referral |  | | | | |
| Service / organisation |  | | | | |
| Role |  | | | | |
| Referrer’s contact details | Email: | | | Tel: | |
| Date referral form submitted |  | | | | |
| Name / alias of person of interest |  | | Date of Birth | |  |
| Ethnicity of person of interest |  | | Gender | |  |
| GP details |  | | | | |
| Which of the following needs does the person demonstrate (tick all that apply) | Mental Health |  | Substance Misuse | |  |
| Criminal Justice |  | Homelessness | |  |
| Which services is the person currently in contact with (please list all known, including service making referral) |  | | | | |
| Where can the navigator service make contact with this person? (please list known points of contact) |  | | | | |
| Has the person being referred given permission for the navigator service to make contact with them? | Permission given: Y / N\* | | | | |
| \*If no, please provide your justification for this referral and instructions for how WYFI can explain where the information came from. |  | | | | |
| **Please include as much information as possible to assist your referral. Please detail areas of need and specify how you believe WY-FI can help in the areas below.** | | | | | |
| Mental Health – | | | | | |
| What support would you like from WY-FI? | | | | | |
| Criminal Justice – | | | | | |
| What support would you like from WY-FI? | | | | | |
| Substance Misuse – | | | | | |
| What support would you like from WY-FI? | | | | | |
| Homelessness – | | | | | |
| What support would you like from WY-FI? | | | | | |

Risk Assessment – WY-FI

When referring into the WY-FI service you are now required to provide a comprehensive risk assessment to aid the allocation of the referral. This will assist the team during their ‘Case Finding’ stage of their work.

|  |  |
| --- | --- |
| **Probation and SWYPFT referrals** - Please send us your latest OASys / Sainsbury RA. If this is not possible please provide a contact name and email/phone details of the person we should contact if/when the referral is accepted: | Name:  Email/Telephone number: |
| **All other referrers** | Please complete the RA below, only ticking relevant risk areas and adding comments to support this. |

Risk Assessment

|  |  |  |  |
| --- | --- | --- | --- |
| Risk | If applicable please put a ‘X’ | Comments | Risk Level\* |
| Violence |  |  |  |
| Housing |  |  |  |
| Substance Use |  |  |  |
| Mental Health |  |  |  |
| Criminal Activity |  |  |  |
| Relationships |  |  |  |
| Staff |  |  |  |
| Self |  |  |  |
| Other (Please specify) |  |  |  |

\*Risk Level

|  |  |
| --- | --- |
| RED | Very high risk |
| AMBER | Medium to high risk |
| GREEN | No cause for concern but could develop |