

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:
Present Home Address:
Telephone: (Referral will not be considered if client does not have a contact number)
Previous location:
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: Medical and Psychiatric detail

Diagnosis: Please be as specific as possible

Existing Related Symptoms: Please give details

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

Medication currently prescribed: Please give full details

Section Four: 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)

Section Five: Behavioural Issues:

Please give as much detail as possible:

Section Six: Criminal Offences:

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

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

Section Seven: 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; our houses are not staffed and SHS cannot accommodate clients requiring daily support, if the client only requires support with housing then this service is not suitable for them, engagement is monitored and clients are expected to attend keyworks, group sessions and workshops)

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 Eight: 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 Nine: Bank details:

Bank/Building Society/Post office Name:

Savings:

Which bank account?

How much?

Section Ten: Relevant documents attached to this form:

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-
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Section Eleven: Date and Signature

Referrer Name:

Signature:

Date:

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)							
Risk to Self							
Risk Factor	high	medium	low	Risk Factor	high	medium	Low
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	Risk Factor	high	medium	Low
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		high	medium	Low
Seatbelts				Moving around on bus/train			
Lift on bus							
Risk related to property							
Risk Factor	high	medium	low		high	medium	Low
Arson				Rent arrears			
Damage to property				Abandonment			
Theft				Interference with electricity/gas			

Details of any risks identified as medium or high

Any special precautions

Other Risks (Please Specify)

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