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| Date accommodation required: | Referral date: |
| Client full name: | Client contact number: |
| Client current address: |
| Client DOB: | Client NI number: |
| Referrer’s name: | Referrer’s company: |
| Referrer’s contact number: | Referrer’s contact email address: |
| Area desired: | PRESTON |  | CHORLEY |  | ST HELENS |  |

Risk assessment

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| **Identified risk** |  | Please circle level of risk |
| Risk to children | YES/NO | LOW | MEDIUM | HIGH |
| Risk to self | YES/NO | LOW | MEDIUM | HIGH |
| Risk to other clients | YES/NO | LOW | MEDIUM | HIGH |
| Risk to staff | YES/NO | LOW | MEDIUM | HIGH |
| Risk to females | YES/NO | LOW | MEDIUM | HIGH |
| Arson | YES/NO | LOW | MEDIUM | HIGH |
| Please provide information on any identified risk |

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| **Other information** |
| **Current Medication** |  |
| **Substance misuse background – substance of****choice?** |  |
| **Previous criminal convictions** |  |
| **Has the client been in supported****housing before?** |  |
| **How long have you known the client and in****what capacity?** |  |
| **Ability of client to work with people (including****staff)** |  |
| **Ability of client to think and reflect** |  |
| **Client’s adaptability to new experiences** |  |
| **Client’s communication skills** |  |
| **Client’s ability to deal with own emotions** |  |
| **Client’s****motivation** |  |

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| **Client’s budgeting skills/ ability to manage****a tenancy** |  |
| **Any previous recovery-based interventions undertaken by client** |  |
| **Any other comments** |  |

Signature of referrer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Client is not present to sign but is aware that a referral is being made on their behalf, (please print, sign and date underneath)*

Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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