**Making a referral**

PLEASE ANSWER ALL QUESTIONS where possible- Lack of information may result in delays or an inability to provide a service due to risk to/for client and staff members.

Completed forms may be sent according to your own organisational Data Protection Policy and Procedures via:

* Secure email: [Staying.put@chadd.cjsm.net](mailto:Staying.put@chadd.cjsm.net) (secure email
* Or if password protected [outreachtl@chadd.org.uk](mailto:outreachtl@chadd.org.uk)

General Enquiries Outreach

* Direct line: 01384 864232 Monday – Friday 9am- 5.00pm Email: [outreach.tl@chadd.org.uk](mailto:outreach.tl@chadd.org.uk)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Initial Referral Form 2019 – New Beginnings IDVA & Outreach Services** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Referral: | | | | | | | | | | | | | | Time of referral: | | | | | | | | | | | | | | | | | |
| **Referring Agency Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referrer Name  Position: | |  | | | | | | | | | | | | Client consented to Referral | | | | | | | | Yes/No | | | | | | | | | |
| Referrer Organisation | |  | | | | | | | | | | | | If no consent given, what is the reason? | | | | | | | |  | | | | | | | | | |
| Tel No:  Email Address: | |  | | | | | | | | | | | | Date: | | | | | | | |  | | | | | | | | | |
| Has a RIC DASH been completed with the client? | | | | | | | | | | | | | | RIC Score: | | | | | | | | | | | | | | | | | |
| **Client Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client Name: | | | | | | | | | | | | | | | Date of Birth: | | | | | | | | | | | | | | | | |
| Landline:  Mobile:  Is it safe for client to receive phone calls :  Y N | | | | | | | | | | | | | | | Address  Postcode:  Safe to send post here: Y N | | | | | | | | | | | | | | | | |
| Give details of any disability: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home type: House/Flat/Maisonette/Bedsit/Mobile Home/Sheltered Housing/Other (give details) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Private owned /private rented /Council /Housing Association /Lodger /Living with family? (Is this single tenancy? give details) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Has any previous assistance been provided to secure property, Please specify by whom and Date  Yes No  Any known risk factors or pets at the property? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marital Status: | | | | | | | | | | | | | | | Sexuality: | | | | | | | | | | | | | | | | |
| Ethnicity: | | | | | | | | | | | | | | | Religion: | | | | | | | | | | | | | | | | |
| Preferred Language: | | | | | | | | | | | | | | | Interpreter Needed: | | | | | | | | | | | | | | | | |
| NI Number: | | | | | | | | | | | | | | | Immigration Status: | | | | | | | | | | | | | | | | |
| **Type of Abuse (please circle all those that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical Abuse | | | Sexual Violence | | | | | | | | | | | | | Abuse | | | | | | | | Financial Abuse | | | | | | | |
| Emotional/ Psychological | | | Forced Marriage | | | | | | | | | | | | | Honour Based Violence | | | | | | | | FGM | | | | | | | |
| **Perpetrator Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | | | Date of Birth: | | | | | | | | | | | | | | |
| Current Address/ Location:  Postcode: | | | | | | | | | | | | | | | | | Relationship to Client: | | | | | | | | | | | | | | |
| **Known Risks:** | | | | Substance Misuse | | | | | | | | |  | | | | Mental Health | | | | | | | | |  | | Repeat Offender | |  | |
| Other Information: (Triggers/risk factors/History) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Police Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | **Yes** | | | | **No** | | **Additional Information** | | | | | | | | | | | | | | | | | | | |
| Has the incident been reported to the police | | | | | |  | | | |  | | Date of Offence: | | | | | | | | | | | | | | | | | | | |
| Crime Number: | | | | | | | | | | | | Police Officer Dealing with the Case: | | | | | | | | | | | | | | | | | | | |
| **Police Action:** | Arested | | | |  | | | Charged | | | | | | | | | |  | Bailed | | | |  | | Sig Marker | | | |  | | |
| **Children and Family** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name Of Child | | | | | Date of Birth | | | | | | Address and whom residing with. | | | | | | | | | Living With Client (Y/N) | | | | | | | School | | | |
|  | | | | |  | | | | | |  | | | | | | | | |  | | | | | | |  | | | |
|  | | | | |  | | | | | |  | | | | | | | | |  | | | | | | |  | | | |
|  | | | | |  | | | | | |  | | | | | | | | |  | | | | | | |  | | | |
|  | | | | |  | | | | | |  | | | | | | | | |  | | | | | | |  | | | |
|  | | | | |  | | | | | |  | | | | | | | | |  | | | | | | |  | | | |
| Is the client currently pregnant: | | | | | | | | | Yes / No | | | | | | | | | | | How Many Weeks (approx): | | | | | | | | | | |
| **Overview of clients situation to include background to the case and analysis of risk** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Safeguarding – What has been put in place already for children? Additional Concerns?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Next of Kin** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | **Contact Number** | | | | | | | | | | | | | | **Relationship:** | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **For New Beginnings Office Use Only** | | | |
| Date receiving the referral: | Method receiving the referral:  i.e email, paper copy | | Time received: |
| Acknowledgment of the receipt of referral to the referring agency by (staff name): | Date: | | Time: |
| Assessment check completed date :  Criteria, conflicts of interest, repeat referral  Completed by: | | | |
| Where the referral does not fit the service criteria – state the reason for decline and report back to the referring agency.  Completed by:  Date, time and method of communication: | | | |
| **Allocation to which New Beginnings Outreach service?** | | **Date & Time:** | |
| Housing IDVA | It’s Never Too Late IDVA | | Staying Put |
| Outreach Support | Group Work | | Resettlement |
| Other Outreach Projects: | | | |