**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 (secure email
* Or if password protected outreachtl@chadd.org.uk

General Enquiries Outreach

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

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| **Initial Referral Form 2019 – New Beginnings IDVA & Outreach Services**  |
| Date of Referral: | Time of referral: |
| **Referring Agency Information** |
| Referrer NamePosition: |  | 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 |
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| 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** |
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| **Safeguarding – What has been put in place already for children? Additional Concerns?** |
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| **Next of Kin** |
| **Name:** | **Contact Number** | **Relationship:** |
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| **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: |