**BRIDGE HOUSE  
REFERRAL AND ASSESSMENT FORM**

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| **Signatures and Consent**  (***please ensure that this section is completed before the referral is submitted***) |
| Referrer Name: Signature: Date: |
| Applicant Consent:  I give consent for the information I have given to be shared with Penrose Options for the purpose of needs and risk assessment and to address my support needs.  I give consent for the referral coordinator to obtain further information from relevant agencies in regard to risk assessing my suitability for the project.  Applicant Signature |

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| **Personal Details of Applicant** | | |
| Name: | Date of Birth: | Age: |
| Address: | Next of Kin / Emergency Contact Details:  Relationship to applicant: Mother | |
| Contact Number(s): | National Insurance: | |
| Does the applicant have a disability?  Details: | Does the applicant have any medical conditions?  Details: | |

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| **Equality and Diversity**  ***(please provide details in the boxes below)*** | | | |
| Gender:  (Male/Female/Gender Reassignment) | Ethnicity:  (e.g White UK, White Irish, Black Caribbean, Pakistani, Bangladeshi, Other Mixed) | Religion/Beliefs:  (e.g Christian, Buddhist, Jewish, Muslim, Sikh, No Religion, Other) | Disability:  (e.g Physical, Mental, Learning, Visual, Hearing) |
| Sexual Orientation:  (Gay, Lesbian, Heterosexual, Bisexual) | Marriage & Civil Partnership status: | First Language spoken:  (Interpreter required?) | Pregnancy & Maternity Status: |

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| **Details of Children**  **Please complete for each child** | | |
| Name: | Date of Birth: | Age: |
| Gender: | Child Disabilities or Health Concerns: | |
| Guardianship Status? (i.e. full custody / shared custody / potential for custody etc.): | Safeguarding issues? (i.e. Child in Need, Child Protection, Core Group etc.): | |

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| **Referrer Details** | |
| Referrer Name: | Agency/Organisation: |
| Job Title: | How long have you known the applicant? |
| Organisation Address:  Post code: | Contact Number(s):  Email address: |

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| **ID and Income** | |
| Is the applicant claiming benefits? Yes / No | Do you / does the applicant have a bank account? Yes / No |
| Please indicate which benefits you are / the applicant is in receipt of: *(e.g. Universal Credit, ESA, Child Benefit, Child Tax Credit, Income Support, Pension Credits, Housing Benefit, JSA)*     |  |  | | --- | --- | | Receiving | Applied For | |  |  | |  |  | |  |  | | Are you / is the applicant in employment?  Yes / No  Details (hours per week, type of employment, paid/voluntary):  Are you / is the applicant training or in education?  Details (hours per week, type of training): |
| Do you / does the applicant have ID? (please indicate which): | |
| Driving licence Passport Birth Certificate  Home Office letter stating indefinite leave to remain Other | |

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| **Housing History** | | | | |
| Please provide a complete history of the applicant’s housing history covering the last 5 years. Please include temporary housing, hospital admissions, prison sentences, homelessness etc. For ‘Type of accommodation’ please specify (private rental, B&B, staying with friends, living with family, hostel, hospital, prison, local authority, housing association etc.) | | | | |
| Date from | Date to | Address | Type of accommodation | Reason for leaving |
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| **Current Accommodation** | | | | | |
| Private Rented  Housing Association  Council Tenant  No fixed abode |  | Prison  Hospital  Homeless  Temporary Accomm. |  | Staying with family  Staying with friends  Supported Housing  Detox / Rehab |  |
| Other: | | | | | |
| Please describe any issues with current accommodation (e.g. Rent arrears, anti-social behaviour, eviction order): | | | | | |
| Does the applicant have any dependants? Yes No  If Yes, please give details: | | | | | |

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| **Housing Application** | |
| Homeless Application Status? | Under investigation Investigated and Owed Full Homeless Duty  Investigated and Duty Discharged |
| Bidding Number |  |
| Banding |  |
| Homeless Officer Details: |  |

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| **Substance History** | |
| Details of past substance use: |  |
| Current substance use: | No |
| Methods of use:  *i.e. smoking, injecting etc.* | N/A |

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| **Support Needs** |
| Please state briefly why the applicant is being referred to the service, outlining any areas of support:- |

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| **Other Agencies** | | |
| Please give details of other agencies that support is received from: | | |
| Type of Agency / Worker  (e.g. Social Worker, Family Worker, Care coordinator, Probation Officer) | Agency and Worker name | Contact Details (address, phone, email) |
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| **Supporting Documents** |
| Please indicate which documents are included with this application e.g. Risk Assessment, CPA Report, Probation Referral, Assessment of Need |

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| **Applicant Risk** |

Please fill in this form with the applicant and identify all areas of risk. Where a risk is identified a management plan needs to be completed.

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| **Questions** | **Yes** | **No** |
| Are you at risk or do you have a history of physical health problems? |  |  |
| Are you at risk or do you have a history of physical limitations / disabilities? |  |  |
| Are you at risk or do you have a history of mental health conditions / concerns? |  |  |
| Are you at risk or do you have a history of non-compliance with medication and/or care packages? |  |  |
| Are you at risk or do you have a history of withdrawing from services? |  |  |
| Are you at risk or do you have a history of problematic alcohol use? |  |  |
| Are you at risk or do you have a history of problematic substance use? |  |  |
| Are you at risk or do you have a history of self-neglect? |  |  |
| Are you at risk or do you have a history of self-harm? |  |  |
| Are you at risk or do you have a history of suicide? |  |  |
| Are you at risk or do you have a history of aggressive or threatening behaviour? |  |  |
| Are you at risk or do you have a history of violence? |  |  |
| Are you at risk or do you have a history of offending? (including sexual offences) |  |  |
| Are you at risk or do you have a history of any destructive behaviour and/or arson? |  |  |
| Are you at risk or do you have a history of bullying and harassment? |  |  |
| Are you at risk or do you have a history of debt or being unable to budget your money? |  |  |
| Are you at risk or do you have a history of arrears and eviction? |  |  |
| Are you at risk or do you have a history of domestic abuse? |  |  |
| Are you at risk or do you have a history of child safeguarding issues? (Child at Risk / Child in Need) |  |  |
| Are you at risk or do you have a history of intervention from Social Services? |  |  |

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| **Risk Management Plans** |

**Question**

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| **Comments/Specific Risks/Triggers** |  | | | | | |
| **Is any action required for this risk?** | Yes  No | | **Current control measures in place** | |  | |
| **Likelihood of Risk Occurring** | High  Medium  Low | **Severity of Risk** | | | High  Medium  Low | **Overall** |
| **Additional Control Measures Needed** |  | | | | | |
| **Desired Outcome** | **To be able to manage his food intake safely** | | | **Outcome Date** | | **Review Date** |

**Question**

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| **Comments/Specific Risks/Triggers** |  | | | | |
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| **Likelihood of Risk Occurring** | High  Medium  Low | **Severity of Risk** | | High  Medium  Low | **Overall** |
| **Additional Control Measures Needed** |  | | | | |
| **Desired Outcome** |  | | **Outcome Date** | | **Review Date** |

**Question**

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| **Comments/Specific Risks/Triggers** |  | | | | |
| **Is any action required for this risk?** | Yes  No | **Current control measures in place** | |  | |
| **Likelihood of Risk Occurring** | High  Medium  Low | **Severity of Risk** | | High  Medium  Low | **Overall** |
| **Additional Control Measures Needed** |  | | | | |
| **Desired Outcome** |  | | **Outcome Date** | | **Review Date** |

**Question**

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| **Comments/Specific Risks/Triggers** |  | | | | |
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| **Desired Outcome** |  | | **Outcome Date** | | **Review Date** |

**Question**

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| **Comments/Specific Risks/Triggers** |  | | | | |
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| **Likelihood of Risk Occurring** | High  Medium  Low | **Severity of Risk** | | High  Medium  Low | **Overall** |
| **Additional Control Measures Needed** |  | | | | |
| **Desired Outcome** |  | | **Outcome Date** | | **Review Date** |

Please return completed forms to our team at Bridge House

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