



Referral Form

Client Details

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 address:	Referrer's contact number:
Area of Residence prior to custody?	
Preferred area to reside upon release:	ANY
Name of Probation Officer/Responsible Officer:	RO/PO Contact Telephone Numbers: Landline:.....
PO/RO Address:	Mobile:.....
Next of Kin:	Telephone No:
What ID do you have?	Do you have a Bank/Post Office Account?

Strictly Private and Confidential

Risk assessment

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
Number of historical convictions leading to custodial sentences	0-3yrs	4-7yrs	7-10yrs	10yrs +
What is the Propensity to Reoffend % Year 1 % Year 2 %	Any further additional information we should be aware of?			
<p style="color: red;">Please provide information on any identified risk of harm, restrictions and details of current sentence/licence;</p>				

Strictly Private and Confidential

Other information

Current Medication	
Substance and alcohol misuse background – substance of choice?	
Does the client have physical health issues?	
Does the client have mental health issues?	
Previous criminal convictions	
Has the client been in supported housing before? If yes. Where?	
Is the client open to living in a multi occupancy home?	
How long have you known the client and in what capacity?	
Ability of client to work with people (including Staff)	
Client’s adaptability to new experiences	
Client’s communication skills	

Client's ability to deal with own emotions	
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 _____

Please return this for to hilary.shepherd@ready4home.cjism.net

Strictly Private and Confidential

