READY4HOME
WE BUILD BETTER LIVES TOGETHER

REFERRAL / RISK ASSESSMENT

Date of Assessment		Name of person undertaking Assessment	
Preferred Residing Area		**Telephone number**	
		Organization	

PERSONAL DETAILS OF APPLICANT

Preferred Title:	Mr		Miss			Mrs		Ms		Other	
Surname:				First Name (s):							
Other Name (s) Known as				Date of Birth:				Place of Birth:			
Address: (where have you been living/staying previously)											
				Postcode:							
Home No:				Mobile Tel No:							
Work No:				National Insurance No:							
Gender						Marital Status:					
Current Situation/Reason for Homelessness:											

Please email this referral to hilary.shepherd@ready4home.cjsm.net or hilary@ready4home.co.uk

DIVERSITY MONITORING FORM							
ETHNIC ORIGIN							
White: British		White: Irish		White: Other		Mixed: White & Black Caribbean	
Asian/Asian British: Indian		Mixed: White & Asian		Mixed: Other		Mixed: White & Black African	
Asian/Asian British: Pakistani		Asian/Asian British: Bangladeshi		Asian/Asian British: Other		Black/Black British: Caribbean	
Black/Black British: African		Black/Black British: Other		Chinese /Other Ethnic Group		Refuse to say	
If you have listed other: Specify							
RELIGION							
No religion/Atheist		Muslim		Christian (all denominations)		Sikh	
Buddhist		Hindu		Jewish		Prefer not to say	
Any other: Please Specify							
SEXUAL ORIENTATION							
Heterosexual		Homosexual		Lesbian		Trans Gender	
Bisexual		Other:		Prefer not to say			

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COMMUNICATION NEEDS

Are any of the following needed?

Large Print		Braille		Audiota pe/CD		Translation / Interpreter *	
Pictures & Symbols		Easy Read		BSL/Ma katon		Other*	
If yes, please provide more details:							

MEDICAL INFORMATION

Please give details of any disabilities and / or illnesses that you may have and any prescribed medication you take:

ADDITIONAL SUPPORT AND CONTACT

Please give details if you receive regular support from any of the listed agencies:

Social Worker		CPN	
Probation Officer		Psychiatrist/Psychologist	

Please provide Name, Address & Contact Telephone numbers:

FINANCIAL INFORMATION						
Please specify source(s) of income:						
What is your source of income: What benefits are you on?						
Total Amount Received:		How Often	Daily	Weekly	Monthly	Other

Do you have any outstanding FINES OR ARREARS?

CRIMINAL RECORD

Have you ever been convicted of a criminal offence or have any pending court appearances? If yes please give details below:		YE S:	NO:
Propensity to Re-Offend % Year 1……….. Year 2………			
Nature of Offence	Date	Sentence	

PLEASE NOTE: the declaration of criminal offences(s) does not necessarily mean that you will be excluded from being offered a housing related support package

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Support Needs			
Reason for requiring Supported Housing **(Please tick at least 5 in order to be considered for supported accommodation)**			
Access to local services Rough Sleeping		Becoming homeless / evicted (within 28 Days)	
Improved quality of life		Ability to manage ongoing health problems	
Skills to eat healthily		Access to health services	
Access voluntary services		Build an alternative support network	
Ability to manage personal hygiene		Risk of domestic abuse	
Increase social and community networks		Frequent presentation to accident and emergency	
Unplanned hospital admissions		Reduce social isolation	
Accessing drug and alcohol services		Obtaining or maintaining a suitable home	
Getting involved in activities		Increased feelings of being less reliant	
Gaining and / or maintaining employment and / or education and training		Risk of long-term worklessness	
Deteriorating financial position		Developing household skills	
Help to find other help		Feeling more involved	
Risk of offending		Risk of harm from others	
Risk of self-harm		Reducing feelings of isolation	
Ongoing health issues		Ability to be keep home safe & secure	
Developing problem solving skills		Ability to manage a healthy lifestyle	
Developing personal competence		Developing self esteem	
Increased feelings of being more independent		Ability to manage health & wellbeing	
Ability to manage £ better		Developing interpersonal skills	
Increased knowledge		Increased confidence	

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RISK ASSESSMENT

Risk Indicators – This information is required to allow support workers to prepare for the assessment fully. Please give as much detail as you are aware of especially where there may be concerns for lone working. Please note, if this information is left blank or there is lack of information, it may result in a delay of the referral being processed.

*If you are making this referral for an individual that is not known to you and/or you do not consider it appropriate to complete this section, please tick here □ (Please ensure the 'Network of Support/other agencies involved' details are completed in full as this will allow us to make the necessary enquiries regarding risk.

Potential Risk Area	LOW	MED	HIGH	Potential Risk Area	LOW	MED	HIGH
Violence or Aggression				Harm to self, others or from others			
Known associates				Criminal/police or court involvement (present/previous)			
Hazards from Others (friend/family/visitors)				Substance abuse/alcohol misuse			
Recent discontinuation of medication				Mental Health			
Attempted suicide				Sex Offences			
Arson				Domestic Abuse			
Violent ideas/acts				Extreme anger and hostility			
				Other (please specify)			

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DECLARATIONS
I agree that the information contained in this referral form is true and accurate. I consent to it being used as part of the assessment and risk process. By signing below, I agree that all the information provided is true and I will inform the provider of any changes. I also understand that R4H have the right to refuse support if I have provided and information that is incorrect/false.
INFORMATION SHARING: I understand that R4H will carry out checks on the information I have provided through contact with other agencies', e.g. Medical Professionals, Probation Services, social services etc. I am signing to say I give permission to share information about me with other agencies
Full Name: Date: Signature:
Office Use Only Referral Accepted: Yes or No (delete no applicable) Reason referral was not accepted _____ _____ Date:_____

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