



# Online Self Referral Form

## Assessor details

**Date of assessment (todays date) \***

Day    Month    Year

**Name of Referrer**

**Referring Persons Mobile Number**

Please enter a valid phone number.

**Preferred area to live**

**What is your connection to the area?**

Born here

Living in this area already

Immediate family member lives here

Fleeing domestic violence

# Client details

## Preferred Title or Client

## Client Name

First Name

Last Name

## Clients Middle Name (if applicable/known)

## Other name (s)/ Known as

## Client's date of birth \*

Day

Month

Year

## Client Place of birth

## Previous Address (Last Known Address)

Street Address

City

Postal / Zip Code

## National Insurance number?

## Client Mobile number

Please enter a valid phone number.

**Email \***

example@example.com

**Client Gender**

- Male
- Female
- Other

**Marital Status**

**Reasons for homelessness**

- Job loss/Unemployment
- Addiction
- Domestic abuse
- Mental illness
- Foreclosure
- Unsupported teen
- Difficulty escaping long-term homelessness
- Prison Leaver
- Leave to remain granted
- Other

**Have you been homeless before?**

- Yes
- No

**If you have been homeless before, how long for?**

- Less than a year
- 1 - 2 years
- 3 - 5 Years
- 5 + years

**Diversity Monitoring**

## **Country of Origin**

## **First Language**

## **Ethnic origin**

White: British  
White: Irish  
White: Other  
Asian/Asian British: Indian  
Asian/ Asian British: Pakistani  
Asian/Asian British: Bangladeshi  
Asian/ Asian British: Other  
Black/ Black British: African  
Black/ Black British: Caribbean  
Black/ Black British: Other  
Chinese/ Chinese British  
Mixed: White & Asian  
Mixed: White & Black Caribbean  
Mixed: White & Black African  
Mixed: Other  
Prefer not to say

## **Religion**

No Religion/ Atheist  
Christian  
Muslim  
Sikh  
Buddhist  
Hindu  
Jewish  
Prefer not to say

## **Sexual Orientation**

Heterosexual  
Bisexual  
Homosexual  
Lesbian  
Transgender

Prefer not to say

Other

## Communication needs

### Do you have communication needs?

Yes

No

### Are any of the following needed

Large Print

Braille

Easy read

Pictures and symbols

Audio tape/CD

BSL/Makaton

Translator/ Interpreter

Other

## Physical and Mental Information

### Do you have any physical health conditions?

Yes

No

### Please provide details of ailments and medication

### Do these health conditions Impact your daily living?

Yes

No

**Please provide details**

**Do you have any mental health conditions?**

Yes

No

**Which of the following mental health conditions do you suffer from**

Depression

Generalised Anxiety Disorder

Emotionally Unstable Personality Disorder

Personality Disorder

Eating Disorders

Other

**Are you prescribed any medication?**

**Name of Drug**

**Dosage**

**How many times per day**

1

2

3

4

5

**Do you need reminding to take your medication?**

Yes

No

**Do you need help to manage your mental health**

Yes

No

**Are you registered with a GP**

Yes

No

**Surgery name**

**Do you need help to register with health care providers?**

Yes

No

**Health care providers**

Doctors

Opticians

Dentist

Other

**Substance abuse**

**Do you use drugs and alcohol?**

Drugs & Alcohol

Drugs

Alcohol

Neither

**Do you have a drug or alcohol worker?**

Yes

No

**Please give details such as Company, Support worker, Contact details, any prescription info**

## Additional support and contact

Do you receive regular support from any of the following listed agencies?

- ☐ Social Worker
- ☐ Probation Officer
- ☐ CPN
- ☐ Psychiatrist/ Psychologist
- ☐ No

## Financial Information

Benefit claims?

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Universal Credit | <input type="checkbox"/> ESA     |
| <input type="checkbox"/> PIP              | <input type="checkbox"/> Pension |

Universal credit value?

How often is this received

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Other

ESA Value



**How often is this received**

- Daily
- Weekly
- Monthly
- Other

**PIP Value**

**How often is this received**

- Daily
- Weekly
- Monthly
- Other

**Pension Value**

**How often is this received**

- Daily
- Weekly
- Monthly
- Other

**Do you have any Court Fines?**

- Yes
- No

**Court fine Monthly value (If Known)**

**Do you have any loans currently being deducted form your benefits?**

- Yes
- No

**Loan Monthly value (If Known)**

**Are you currently repaying your outstanding loans or arrears?**

Yes

No

**Do you have a bank account**

Yes

No

**Would you like help in setting up a bank account?**

Yes

No

**Do you have a bank card?**

Yes

No

## **Criminal Record**

**Have you ever been convicted or accused of Arson?**

Yes

No

**Have you ever been cautioned with, charged with or convicted of sex offences?**

Yes

No

**Have you ever been convicted of a criminal offence or have you got any pending court appearances**

Yes

No

## Nature of offence(s)

### Are you subject to any orders?

DRR - Drug Rehabilitation Requirement  
Probation  
Injunctions  
No  
Other

### Date orders end?

Day    Month    Year

### Do you have any restraining orders?

Yes  
No

### Are you restricted/excluded from any of the following areas?

No  
Salford  
Preston  
Chorley  
South Ribble  
Oldham  
Wigan  
Other

## Support Needs

### Reasons for requiring supported housing Please tick at least 5 to be considered for supported housing

Access to local services rough sleeping

Improved quality life  
Skills to eat healthily  
Access voluntary services  
Ability to manage personal hygiene  
Increase social and community networks  
Unplanned hospital admissions  
Accessing drug alcohol services  
Getting involved in activities  
Gaining and / or maintaining employment/Education/training  
Deteriorating financial position  
Help to find other help  
Risk of offending  
Risk of self-harm  
Ongoing health issues  
Developing problem solving skills  
Developing personal competence  
Increased feelings of being more independent  
Ability to manage Money better  
Increased Knowledge  
Becoming Homeless / evicted (within 28 Days)  
Ability to manage ongoing health problems  
Access to health services  
Build an alternative support network  
Risk of domestic abuse  
Frequent presentation to accident and emergency  
Reduce social isolation  
Obtaining or maintaining a suitable home  
Increased feelings of being less reliant  
Risk of long term worklessness  
Developing household skills  
Feeling more involved  
Risk of harm to others  
Reducing feelings of isolation  
Ability to keep home safe and secure  
Ability to manage a healthy lifestyle  
Developing self-esteem  
Ability to manage health & wellbeing  
Developing people skills  
Increased confidence.  
Other

**Do you have contact with your family?**

Yes

No

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.

**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 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

**Client's first name****Client's Second name**

