|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referral and Assessment Information** | | | | |
| **Date of referral: / /** Who Made the referral? Referral Agency  Self  **Which Referral Agency made the referral?** | **Was anyone else present at the assessment? Yes / No:**  Name:  Relationship:  Contact Details: | | | |
| Client Approval  **Is the person you are referring in agreement with this application? Yes**   **No** | | | | |
| Personal details | | | | |
| **Surname:**  **Forename:**  **Title:**  **Gender: Male**  **Female**   **Other**  **Date of Birth:**  **Age:**  **National Insurance Number:**  **Immigration Status: UK National**  **EEA**  **Third Country National**  **Leave to Remain**  **Asylum Seeker**  **If you have Leave to Remain do you have:**   1. **Refugee status**   Do you have a NASS 35? Yes  No  What date do you have to leave NASS Accommodation?   1. **Discretionary Leave to Remain** 2. **Humanitarian Protection**   **If you are an Asylum Seeker are you:** Awaiting decision  Appealing decision  Over staying leave to remain  Receiving NASS Support  Destitute  **Comments:** Staff must check the applicant’s entitlement to service.  **Relationship Status:** | | | **Contact Number(s):**  **Is it safe to call and leave a message on this number?**  **Yes**   **No**  **Email address:**  **Other Contact Details:**  **Current Address / Postal address if no fixed address:** please include Postcode  **Landlord - Please mark with a cross “x” as appropriate** Local Authority  Registered Social Landlord (Please provide landlord details):  Temporary Accommodation  Private Landlord (Please provide landlord details):  Living with Family/Friends  No Fixed Address: rough sleeping / sofa surfing  Owner Occupier  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Does anyone else live at your address with you?**  **Yes**   **No**  **Please provide details of all other occupants:** | |
| **Do you speak English? Yes**   **No**  **If No, which language do you speak?**  **Do you read and write English? Yes**   **No**  **Do you need documents translating into another language? Yes**   **No**  **Do you have any communication accessibility issues? Yes**   **No**  *If yes, please detail (*Can you read & understand documents? Large print/coloured paper/braille? Advocate? Sign language? Braille?)  Diversity  **Ethnicity: Nationality: Religion/Beliefs:**  **Sexual Orientation: Heterosexual / straight**  **Gay/Lesbian**   **Bisexual**  **Other**  **Prefer not to say**  **Transgender? Yes**   **No**  **Gender Identity: Male**  **Female**   **Other**  **Disabilities? Yes**  **None**   **Don’t know**  N**ot asked**  **Declined**  **Pregnant? Yes**  **No**   **Don’t know**  N**ot asked** | | | | |
| Safety plan | | | | |
| Risk Information: If you are aware of any risks to the following groups, please record details here. If a full risk assessment has not yet been completed, please give details of any risks identified based on your contact with the client to date. Please select 'Yes' where risks are known, 'None Identified' where no risks are known, and 'Not Known' where a risk assessment has not been completed.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Risk Group** | **Has a risk been identified?** | **Level of risk** | **Current or historical risk?** | **Give Details** | | [Children](javascript:gridrowedit(27437041,1)) |  |  |  |  | | [Public](javascript:gridrowedit(27437041,2)) |  |  |  |  | | [Known Adult](javascript:gridrowedit(27437041,3)) |  |  |  |  | | [Staff](javascript:gridrowedit(27437041,4)) |  |  |  |  | | [Other residents](javascript:gridrowedit(27437041,5)) |  |  |  |  | | [Self-Harm](javascript:gridrowedit(27437041,6)) |  |  |  |  | | [Vulnerable to Abuse](javascript:gridrowedit(27437041,7)) |  |  |  |  |   . | | | | |
| **The applicant may be provided with a floating support-based service involving LONE WORKERS visiting him/her regularly at home or in public places. Do you consider that any additional precautions need to be taken when working with this applicant in these circumstances?** | | | | |
| Support Needs | | | |
| This section of the form seeks to identify an individual need for the various services available under Kirklees Better Outcomes Partnership. The information obtained will enable us to ascertain the applicant’s eligibility on to program and determine the most appropriate provider to deliver the service  Accommodation  **Is the applicant in need of any support in relation to Accommodation?** (E.g. access to housing, homelessness prevention, rent arrears, outstanding eviction, managing a tenancy, tenancy sustainment, independent living skills)  **Yes**   **No**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | has the applicant been assessed by Kirklees Housing Solutions Service? | Is the applicant a Rough Sleeper? | Is the applicant currently Homeless? | Is the applicant at risk of homelessness? | Has client been served eviction notice which will take effect within 56 days? | | **Yes**   **No** | **Yes**   **No** | **Yes**   **No** | **Yes**   **No** | **Yes**   **No** |   **Please add any further information that might be relevant:**  Money  **Does the client require support with financial management?** (E.g. assistance with welfare benefits / sanctions, budgeting, managing debts, maximising income)  **Yes**   **No**  if yes,please add any information that might be relevant: | | | |
| Health and well-being  **Does the client require any help with health and wellbeing?** (E.g. physical health, sensory health, mental health and wellbeing)  **Yes**   **No**   |  |  |  | | --- | --- | --- | | Is the applicant currently engaged with any recognised mental health services? | Has the Community Mental Health Team had any involvement? | Is the applicant currently involved with the Community Mental Health Team? | | **Yes**   **No** | **Yes**   **No** | **Yes**   **No** |   **Please add any further information that might be relevant:**  Learning Disabilities / Difficulties   |  |  | | --- | --- | | Has the client been identified with a learning disability? | Has the client been identified as having a learning difficulty? | | **Yes**   **No** | **Yes**   **No** |   **Please add any information that might be relevant** (E.g. any learning disabilities/difficulties, literacy needs, numeracy needs)  Substance misuse  **Does the client have a current substance misuse issue?** (E.g. drug, alcohol misuse)  **Yes**   **No**  if yes, please add any information that might be relevant:  Is the client currently engaged with any drug or alcohol services? **Yes**   **No**  Offending  **Please add details on offending need and support (if any) that might be relevant:**  **Does the household contain an offender or person at risk of offending? Yes**   **No**  **Has applicant been recently released from prison? Yes**   **No**  **Does anyone in the household currently have to comply with a Statutory Order? Yes**   **No**  Please provide details:  Care History  **Does the client have a care history? Yes**   **No**  Please detail:  Domestic Abuse  **Is the client at risk of or has experienced Domestic Violence?** (E.g. personal safety, family, parenting, safeguarding)  **Yes**   **No**  if yes, please add any information that might be relevant:  **Is target hardening required?**  **Yes**   **No**  Refugee  **If the applicant a refugee, please provide details of your refugee support status and needs:**  Armed Forced History  **Is the applicant a veteran of the armed forces? Yes**   **No**  Work and learning  **Would the client like to develop skills and find out about opportunities for employment, education, training and volunteering?**  **Yes**   **No**  if yes, please add any information that might be relevant:  Legal issues  **Does the client require any assistance with current legal issues?** (E.g. recourse to public funds, immigration status, access to criminal / civil justice)  **Yes**   **No**  if yes, please add any information that might be relevant:  Any additional information  **Please provide any additional relevant information** (E.g. empowerment and support networks, community, other agency, relationships, parenting and caring, motivation and personal responsibility, self-esteem, self-care, harmful behaviour) | | | |
| Key Contacts | | | |
| Please give details of other key contacts, professionals, agencies and carers who are involved in supporting the applicant. This may include, for example, Welfare Rights Services, Drug Workers, CPNs, Doctors, Psychiatrists, Social Workers. | | | |
| Name:  Relationship:  Agency:  Address incl. postcode:  Telephone:  Email:  Nature of Support/Care Provided: | | Name:  Relationship:  Agency:  Address incl. postcode:  Telephone:  Email:  Nature of Support/Care Provided: | |
| Referrer Details (where applicable) | | | |
| **Subject to the client’s consent, would you like to be invited to the assessment? Yes**   **No**  Name:  Organisation:  Address:  Telephone:  Email:  Referrer’s Signature:  Date: | | | |