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| **REFERRAL SHEET - NEW ENQUIRY** | | |
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| **Date of enquiry:** | | |
| What is the expected move-in date? | |  |
| ***Note that we cannot give an assessment appointment until 4 weeks prior to the anticipated move-in date. If an appointment is given ask him/her to call back 4 weeks prior to the appointment, to confirm they still wish to attend.*** | | |
| Name: | |  |
| Male/Female: | |  |
| Address: | |  |
| Telephone number: | |  |
| Date of Birth: | |  |
| Referred by: | |  |
| Referee's telephone number: | |  |
| Local connection Area: | |  |
| Is the person ex-service? | | Yes  No  |
| Does this person have their own property? | | Yes  No  |
| What is this person's substance of choice? | | Alcohol  Drugs  Both   **Detail which drugs**: |
| If an HMP referral. What are the parole/HDC and release dates? | |  |
| Detox/Rehab status: Where and when did the detox take place? How long at rehab? How long clean? | |  |
| Are there any previous interventions? If yes, please detail: | |  |
| Is the person currently on any medication? If yes, please list these. **PLEASE BRING A COPY OF THE PRESCRIPTION TO THE ASSESSMENT or email to us if a telephone assessment** | |  |
| Is there a history of:   * Arson * Sex offences * Violence * Mental health issues | |  |
| What does the prospective resident have in the way of ID? **PLEASE BRING A COPY TO THE ASSESSMENT or email to us if a telephone assessment** | | Passport Birth certificate   Driving Licence Other  |
| Is there proof of being in receipt of benefits? **PLEASE BRING A COPY TO THE ASSESSMENT or email to us if a telephone assessment** | |  |
| National Insurance Number: | |  |
| Ethnic Origin: | |  |
| Any other comments: | |  |
| **Before assessment we must have the following:**  **Referral Application Form, Risk Assessment, and Progress Report, faxed or emailed to us. These must be received the week before assessment as if not we will not be able to do the assessment.** | | |
| Meeting arranged date/time/where: |  | |