ESSEX OUTREACH REFERRAL FORM

|  |  |  |
| --- | --- | --- |
| What type of referral is this? | Self | Agency |
| Date of referral | **/** **/** | |
| **By submitting and agreeing to this referral the customer understands that Peabody will store and process this information as outlined in the Peabody privacy notice. The customer has rights under the Data Protection Act 2018 and they can exercise these rights at any time by contacting Peabody.**  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (customer or referrer) | | |
| Do you/does the customer have any special communication needs e.g. Large print, alternative language/interpretation etc? | | |
| Has the customer agreed to this referral? | Yes | No |
| Name of referrer: | Agency: | |
| Telephone: | Email: | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name Of customer: | | | |
| Address |  | | |
| Postcode |  | Local Authority |  |
| Tel. nos. | | Email: | |
| Date of birth: | | NI no. | |
| Gender: Male  Female  Other | | Marital status: | |
| Sexuality: | | Religion: | |
| Ethnic origin: | | Nationality: | |
| What is the customer’s accommodation status? | | | |
| Home owner | Tenant | Living w/family | Living w/friends |
| Length of time at this address |  | How long have you lived in this area? |  |
| Is the customer homeless or at risk of losing their accommodation? | | Homeless | At risk |
| If the customer is a tenant please provide landlord details: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Does the customer have a next of kin? If so, please provide details: | | | |
| Name and relationship |  | | |
| Contact numbers. |  | | |
| Address |  | | |
| May we contact the next of kin if required? | | Yes | No |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What is the customer’s source of income? | | | | | | | | |
| Employed: | | | | Temp | | P/T | | F/T |
| Other income/welfare benefits: | | | | | | | | |
| UC | IS/ESA  /JSA | PIP (DLA/AA) | Pension /PC | | No income | | Other (please state): | |

|  |  |  |
| --- | --- | --- |
| Is the customer registered with a GP? | Yes | No |
| Does the customer consider themselves to be disabled? | Yes | No |
| Please describe the disability: | | |
| Is this an urgent referral? | Yes | No |
| Please describe the immediate need: | | |
| Are there any other needs? | | |

RISK SCREENING

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does the customer pose any known risks to themselves or others? | | | | Yes | | No |
| Does the customer have any criminal convictions or cautions? | | | | Yes | | No |
| Risk type | | Details/triggers/management | | | Risk to whom | |
| **Environmental**  Detail any risk factors from service user’s accommodation or surrounding areas   * Poor accessibility * Standard of accommodation   (internal/common areas /external)   * Other | |  | | | Self  Visitors  Neighbours  Staff  Others | |
| **Vulnerablility**  Detail any risks to the customer from others e.g.   * Known neighbourhood issues * Inapproriate relationship building * Risk of abuse * Domestic Violence * Other | |  | | | Self  Visitors  Neighbours  Staff  Others | |
| **Substance misuse**  Any known problems in this area, details of the extent of the problem, whether any help is being sought or provided etc. | |  | | | Self  Visitors  Neighbours  Staff  Others | |
| **Mental Health**  Any known risks in this area   * Suicide/self harm * Eating disorders * Diagnosis * Engagement with services * Other | |  | | | Self  Visitors  Neighbours  Staff  Others | |
| **Risks from the customer**  Any known risks to others e.g.   * Physically/sexually abusive * Verbally/mentally abusive * Inappropriate relationship building/behaviour * Weapons * Other | |  | | | Self  Visitors  Neighbours  Staff  Others | |
| **Physical Health**   * Mobility issues * Life limiting conditions * Contagious/transferrable conditions * Other | |  | | | Self  Visitors  Neighbours  Staff  Others | |
| **Other Risks** | |  | | | Self  Visitors  Neighbours  Staff  Others | |
| **Other agency involvement**  Please use this space to advise of any other agencies/professionals that you are aware of being involved with the customer. | | | | | | |
| **Name** | **Agency/position** | | **Phone/email** | | | |
| **Involvment** | | | | | | |
| **Name** | **Agency/position** | | **Phone/email** | | | |
| **Involvement** | | | | | | |