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| **SHELTER FROM THE STORM REFERRAL FORM** |  |

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| Name:Gender: DOB: Age:Phone number: NINO:  | Nationality: Immigration Status: |
| What ID do they have:Is it in date / valid? |
| GP details: |
| How did they become homeless? |
| Income (inc. benefits) |
| Physical Health |
| Emotional Wellbeing / Mental Health / Learning Difficulties |
| Is there a move-on plan in place? |

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| ALL THESE QUESTIONS MUST BE ANSWERED. IF ANSWERED YES, PLEASE RECORD FULL DETAILS. |
| Any history of violence? (Either victim or perpetrator) Yes / NoDetails: |
| On bail / probation? Yes / NoDetails: |
| Please state the clients offending history (if any):  |
| Outstanding legal Issues? Yes / NoDetails: |
| Any current or previous use of non-prescribed drugs? Yes / NoDetails: |
| How much alcohol does the client consume on a weekly basis? (Please detail what is drank and how often.) |
| Any history of self-harm OR suicidal ideation? Yes / NoDetails: |
| Is the client on any medication? (Or is there any medication that they are prescribed but not taking.) Yes / No If Yes, do they have the medication with them?Details:Is the client experiencing any of these symptoms? Yes / No* New, continuous cough
* High temperature or fever
* Loss of, or change in, sense of smell or taste

Details:Has the client recently been in contact with anyone displaying any of these symptoms, or for any other reason should the client be self-isolating? Yes / NoDetails:Has the client tested positive for Covid-19 in the past 7 days?Has the client returned to the UK from a country subject to self-isolation regulations in the past 14 days? |
| Any history of arson? Yes / NoDetails: |

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| Referral Agency Date of referral:Organisation: Name of worker:Email:Phone: |