RIGHT CARE SERVICES REFERRAL FORM

A close up of a logo

Description automatically generated

**REFERRER INFORMATION**

|  |  |
| --- | --- |
| Referrer’s Name: |  |
| Referrer’s Position |  |
| Referring organisation |  |
| Referrer’s Telephone no: |  |
| Referrer’s Email Address |  |
| How long have you known the client for? |  |
| Nature of support provided to client |  |

**CLIENT INFORMATION**

|  |  |  |
| --- | --- | --- |
| First Name |  | |
| Family Name |  | |
| DOB |  | |
| National Insurance Number |  | |
| Telephone Number |  | |
| Next of Kin or Emergency contact | Name: | Tel: |
| Probation officer | Name: | Tel: |
| Support worker | Name: | Tel |
| Social Worker | Name: | Tel: |
| CPN (Community Psychiatric Nurse ) | Name: | Tel: |
| Drug Support Worker | Name: | Tel: |
| Current Address |  | |

Do you have any children or dependents? Yes **□** No **□**

Are you pregnant? Yes **□** No □ If yes – state due date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLIENT HOUSING HISTORY**

Please provide the client housing history for the past 3 years

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address | Accommodation Type | Start date | End Date | Reason for leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Please state here any specific needs your client has with regards to suitable accommodation (please state any location, size needs, health requirements and restriction orders that impacts on the type of property the client can be offered) | | | | |
|  | | | | |

**CLIENT INCOME**

Is the client in receipt of benefits? **□**Yes **□**No

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Income Support | Job seekers allowance | Incapacity benefit | Disability living allowance | Severe disablement allowance | Housing benefit | Universal Credit | Pension | Other |
|  |  |  |  |  |  |  |  |  |

How much benefits the client is currently in receipt of (please state amount for each benefit currently receiving)?

When did you start receiving benefits?...................................................................

Is the client working? Yes **□ □**No

If client is working, what is type of employment contract has the client got (permanent, zero hours, fixed term….)?

What is the client income from employment?

Has the client any debts? **□**Yes **□**No

**CLIENT NEEDS**

Do you require assistance with any of the following?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Life skills (cooking/cleaning etc) | Yes |  | No |  | Budgeting | Yes |  | No |  |
| Training / employment | Yes |  | No |  | Social skills | Yes |  | No |  |
| Emotional wellbeing | Yes |  | No |  | Medical problems | Yes |  | No |  |
| Physical limitations | Yes |  | No |  | Form filling | Yes |  | No |  |
| Culture and faith | Yes |  | No |  |  |  |  |  |  |

**CURRENT AND HISTORIC LEGAL OFFENCES**

|  |  |  |  |
| --- | --- | --- | --- |
| Current offence | |  | |
| Sentence Start Date | |  | |
| Current Sentence/Community Order | |  | |
| Custody Release Date | |  | |
| Licence End Date | |  | |
| Name of supervising officer and team: | |  | |
| Tel No: | |  | |
| Does the applicant have any pending court cases? Yes ▭ No ▭  If ‘Yes’, please list below: | | | |
| **HISTORIC OFFENCES** | | | |
| Date of offence | Nature of offence | | Sentence imposed |
|  |  | |  |
|  |  | |  |
|  |  | |  |

**RISK ASSESSMENT**

Please tick the boxes below to indicate if the applicant has any history (past or current) of the items listed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk** | **Yes** | **No** | **If ‘yes’ please provide more details in the box** |
| Damage by fire / arson |  |  |  |
| Sexual offences |  |  |  |
| Wilful damage / damage to property |  |  |  |
| Offences against children |  |  |  |
| Violence to others |  |  |  |
| Domestic violence issues |  |  |  |
| Anti-social behaviour |  |  |  |
| Exploitation by others |  |  |  |
| Self-harm |  |  |  |
| Suicide attempts |  |  |  |
| Racist Views |  |  |  |
| Aggressive behaviour/ issues with  anger management? |  |  |  |

**LEARNING DISABILITIES**

|  |
| --- |
| Does the applicant have learning disability? Yes □ No □  If yes, please give details of what support the applicant receives:  Please give details of any potential changes to the support if the applicant were to move to this accommodation:  Does the applicant have a current care plan? Yes ▭ No ▭  Name of support provider:  Tel No: |

**MENTAL HEALTH**

Does the applicant have a history of mental health issues Yes ▭ No ▭

If ‘Yes’, please provide the following information (if ‘No’ please go to the next section)

|  |
| --- |
| Nature of mental health issues (please give formal diagnosis if one exists):  Please indicate the level of the applicant’s insight regarding their mental health here:  Have there been any psychiatric admissions in the past 3 years? Yes ▭ No ▭  If ‘Yes’ please provide details here:  Does the applicant have any history of self-harm? Yes ▭ No ▭  If ‘Yes’ please provide details here:  What are the likely triggers which may lead the applicant to suffer a mental health relapse?  What symptoms does the client display when unwell?  Please list any medication currently taken here:  Is the applicant reliable in self-medicating? N/A ▭ Yes ▭ No ▭  If the applicant receives support for their mental health issues, please give details of support provided below:  Name:  Agency:  Tel No: |

**SUBSTANCE USE**

Does the applicant have a history of any of the following:

Problems linked to alcohol use Yes ▭ No ▭

Use of illegal drugs (including cannabis) Yes ▭ No ▭

Please state drugs used:…………………………………………………………………………………………

Dependency on prescribed medication Yes ▭ No ▭

Please state medication: ………………………………………………………………………………………...

Solvent dependency Yes ▭ No ▭

If ‘Yes’ to any of the above, please provide information below. If ‘No’ go to next section

|  |
| --- |
| When did alcohol/substance use begin?  When did the applicant last took alcohol/substance? …………………………………………….  If the applicant receives support for their alcohol/substance use, please give details of support provider  Name:  Agency  Tel no |

|  |
| --- |
| Is the applicant currently undergoing a detoxification or treatment programme? Yes ▭ No ▭  If ‘Yes’, please answer the following questions:  Organisation providing treatment:  Name of Keyworker:  Tel no:  Date treatment commenced:  Treatment end date:  Has the applicant attended a treatment or detoxification programme in the past Yes ▭ No ▭ |

**DOMESTIC / LIVING SKILLS**

|  |  |  |  |
| --- | --- | --- | --- |
| What level of domestic/living skill does the applicant have?  If there are no difficulties with these tasks, please tick here and move to next section ▭ | | | |
|  | High support needs | Some support needs | No support required |
| Wake and get self up |  |  |  |
| Wash and dress self |  |  |  |
| Cook adequately and safely |  |  |  |

**EQUAL OPPORTUNITIES MONITORING**

Right Care is committed to providing an excellent service to all clients, irrespective of ethnicity, gender, sexual orientation, religion, disability or age. The information requested on this page is strictly confidential and is used by Transform for monitoring purposes only and will not be used for selection purposes. The applicant can choose whether they wish to provide this information or not – their choice will not affect the application in any way.

Please complete sections A to E of this page, ticking one box for each section.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ethnic origin** (as defined by the applicant | | | | |
| **White:** | British | Irish | Other |  |
| **Mixed:** | White & Black Caribbean | White and Black African | White & Asian | Other |
| **Asian or Asian British:** | Indian | Pakistani | Bangladeshi | Other |
| **Black or Black British:** | Caribbean | African | Other |  |
|  | Gypsy / Romany/Irish Traveller | Do not wish to disclose |  |  |

**DATA PROTECTION DECLARATION**

|  |
| --- |
| **Declaration & Data Protection** – To be read to or by the applicant  The information given in this form will be used for assessment purpose only (excepting section 3 which is used solely for equal opportunities monitoring and is not used for assessment purposes). All written and verbal information concerning this referral will be treated as strictly confidential by Right Care. If your application is successful, this information will be held on file and you will have the right of access to it. Right Care is a controller of personal information for the purpose of the Data Protection Act 2018. Transform’s Privacy Notice is available on request and provides details of:   * Your rights in relation to the information we hold about you * How we keep your personal information secure * The types of personal information Right Care collects about you and how we collect and use it * The legal grounds and purposes of processing personal data * The legal grounds and purpose of processing personal data * The period for which we keep your personal data * Contact details of our information Risk Officer   If you would like a copy of Right Care Privacy Notice, please contact a member of staff.  **Surveillance Camera**  CCTV systems are operated within the communal areas of all houses of Right Care Services and only for the defined purposes set out within this policy. Right Care Services use of CCTV is to detect, prevent and reduce the incidence of crime on the property of Right Care Services.  Right Care Services has due regard for the privacy of all Service Users, staff and visitors at all times and staff and Service Users understand their rights regarding the use of CCTV. There is no hidden surveillance camera within Right Care Services houses.  **To be signed by the applicant:**  I hereby give my permission for the information provided on this form to be given to Right Care Services SH. I also give my permission for Right Care to contact other agencies regarding my support needs, health / psychiatric history and details of any court convictions.  **PLEASE NOTE:** If this form is being completed on computer, please type in the applicant’s name below to indicate that they have read and understood the above and give their permission for the enclosed information to be provided to Right Care Services.  Signed by applicant:  Date: |

**Please PDF and return the form by email to:** [**dorrance.davis@rightcareservices.co.uk**](mailto:dorrance.davis@rightcareservices.co.uk)

**Postal Address**

Dorrance Davis-Mandengue

Right Care Services

Unit 19 Brian Clough Business Centre

200-222 Cotton Lane

Derby

DE24 8GJ

Tel: 01332650797 / 07869664326