**Emerging Futures Referral Form - Gloucestershire Housing**

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| **Date of Referral** |  | | **Office address** |  | |
| **Name of referrer** |  | | **Tel No:** |  | |
| **Referring agency** |  | | **Email** |  | |
| **Please state which project referral is for:** | **Connect Housing** | Stage 1 – This stage supports people with multiple unmet needs. Clients may be unengaged with support and are still using alcohol and illicit substances. | | |  |
| **Growth Housing** | Stage 2 – This stage supports people who are supported by VIA who are actively engaged and on OST (Methadone, Buprenorphine etc.) or reducing their alcohol intake. | | |  |
| **Thrive Housing** | Stage 3 – This stage is for people who are newly abstinent from both drugs and alcohol. We support clients to build recovery capital and teach relapse prevention techniques. | | |  |
| **Strive Housing** | Stage 4 – This is for those who are abstinent that have built significant recovery capital. Support looks to build independent living skills and engage in meaningful activity. | | |  |

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| **Consent to share & information storage -**  For us to process this referral form, we require the following consent from the named client –   1. Consent for this referral form to be sent to and processed by Emerging Futures and contact to be made with you by a representative of Emerging Futures. 2. Consent for information from agencies, other than the referring agency, to be included in the referral (e.g. list of pre-cons, OASys RA information, medication lists, treatment case notes etc.) 3. Consent for the above referral form to be securely stored (These are stored for 7 years before being securely destroyed)   I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert clients name), agree to the above statements and allow my data to be shared with Emerging Futures CIC, and stored securely by Emerging Futures CIC. I understand that the purpose of this information is assist Emerging Futures CIC in assessing suitability for housing within their organisation. By signing below, I agree to the above terms.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Please attach copies of the following -**   * ID (Birth Certificate, Passport, Photographic drivers licence) * Proof of National Insurance number * Details of bank where Universal Credit is paid (e.g., bank statement) * Proof of benefits (e.g., Universal Credit breakdown/ESA Award Letter) |

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| **Full Name of client** |  | **Gender (as defined by client)** |  |
| **Date of Birth** |  | **Age** |  |
| **National insurance number** |  | **Ethnic origin (as defined by client)** |  |
| **Current address** |  | | |
| **Previous address** |  | | |
| **Contact telephone number** |  | | |
| **Email Address** |  | | |

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| **Next of kin** |  | **Relationship to client** |  |
| **Contact number** |  | **Consent to contact given** | Yes / No |

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| **Reason for referral? e.g. current housing situation (rehab, NFA, staying with friends/family, additional support etc.)** |  |
| **When is accommodation required?** |  |
| **What previous experience of rehabilitation/recovery housing does client have?** |  |
| **Is client currently abstinent or on OST? If OST please provide details of dose, frequency of script etc.** |  |
| **Substances use history including any current use** |  |
| **Is client currently in receipt of benefits? If so, please state which (ESA, JSA, UC, PIP)** |  |

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| **Does client have physical and/or mental health support needs? If yes, please provide details.** |  |
| **Does the client have any history of violence in the past or currently present a high risk to others? If yes, please provide details.** |  |
| **Does the client have any criminal convictions or current legal proceedings e.g. Schedule 1 or Arson? If yes, please give details.** |  |
| **Describe client’s family situation and support network?** |  |
| **Describe any safeguarding concerns (abuse, neglect, DV etc.) or involvement with Adult Social Services?** |  |
| **Could you provide any information about the client’s goals, or what they hope to achieve whilst working with Emerging Futures?** |  |

**If an existing Risk Assessment is in place, please attach with referral form.**

Please email referral to: [referrals.gloucestershire@emergingfutures.org.uk](mailto:referrals.gloucestershire@emergingfutures.org.uk)

If you require any additional support in completing this referral or wanted more information about what we do, please get in touch:

**T.** 03330 124 714 ext. 5

**E.** [referrals.gloucestershire@emergingfutures.org.uk](mailto:referrals.gloucestershire@emergingfutures.org.uk)

**W.** [www.emergingfutures.org.uk/projects/gloucestershire](http://www.emergingfutures.org.uk/projects/gloucestershire)