

Inspiring Success Fulfilling Ambition

Referral Form

(To be completed by referrer with the applicant)

Name of referring agency: Address:		
Contact Person:		
Tel:		
Applicant name:	Date of Birth:	Age:
Gender:	Ethnicity:	
Present Address:		
Post Code: Telephone: Mobile:		
Legal status:		

Previous pla (Continue or	Previous placement addresses covering the last 3 years (Continue on back page if necessary)		
Dates	Tax		
From:	То:		

Have you ever been evicted from a placement? (If yes, please give details)

What areas of semi-independe	ent skills do yo	u need develop	oing?
Employment/Education/Training Yes/No			
Practical Skills (cooking, cleanin Yes/No	g etc.)		
Budgeting Yes/No			
Self-Care/ Hygiene Yes/No			
Sexual Health Yes/No			
Social Skills and Inclusion Yes/No			
Confidence and Assertiveness Yes/No			
Understanding Welfare Benefits Yes/No			
Home-start Skills (knowledge of Yes/No	utilities, water s	top cock, chang	ing light bulbs etc)
Please list any other skills you	u require		
Employment, Training & Educ	ation to date (s	tarting with cu	rrent)
Details:	Date from:	To:	Reason for leaving:

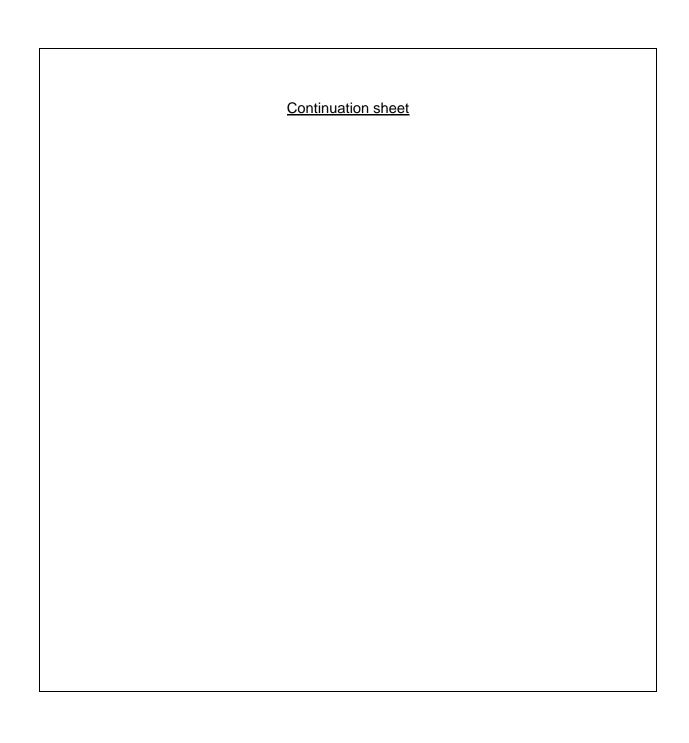
Health addresses: GP, Optician, Dentist		
Name:	Address:	Telephone:
Health continued:		
Do you have a learning or Yes/No Do you have special dieta Yes/No Any issues of violence: Yes/No Have you ever self-harme	ary requirements?	
Yes/No Do you have a history of mental health? Yes/No Do you have any medical concerns? Yes/No		
(If yes to any of the above	e, please specify in space provided	on back page)
Do you require support	with the following?	
Drug use Yes/No		
Solvent use Yes/No Alcohol Yes/No Gambling Yes/No		
Do you smoke? Y/N Yes/No	If yes, will you be able to live in a r	non-smoking house?

When would you like the placement to commence?

Please read and sign below – applicant

I formally consent to Renaissance Supported Housing consulting with other agencies to confirm details I have provided on this referral form. I consider the details to be both accurate and complete, and understand that to falsify or withhold information may result in the termination of any placement offered to me by Renaissance Supported Housing.

Signed by applicant:	
Date:	
Signed by referring agency:	
Date:	
For office use only:	
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[
Received Renaissance – Signature:	Date:
	Date:
Received Renaissance – Signature: Comments:	Date:
	Date:





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INITIAL RISK ASSESSMENT

In order to facilitate the risk assessment process, it is important that this form is completed accurately and that all relevant information regarding levels of risk is disclosed.

Name of young person:
Date of birth:
Referring Agency:
Address:

Dangerous Behaviour

Known history of violence: NO / UNKNOWN	YES/
Problems managing anger / impulsive behavior: NO / UNKNOWN	YES/
Known history of abuse or harassment of others: NO / UNKNOWN	YES/
Sexual offences / inappropriate sexual behavior: / UNKNOWN	YES/NO
Known anger to children: NO / UNKNOWN	YES/
Known history of arson: NO / UNKNOWN	YES/
History of criminal or deliberate damage: NO / UNKNOWN	YES/
Known to carry knives/weapons: NO / UNKNOWN	YES/
Mental health problems	
History of severe and enduring mental health problems: NO / UNKNOWN	YES/
Psychiatric admissions under the Mental Health Act: NO / UNKNOWN	YES/
Inappropriate / anti-social behavior: NO / UNKNOWN	YES/
History of self-harm / suicide attempts: NO / UNKNOWN Self-care / Risk from others	YES/
Alcohol misuse: NO / UNKNOWN	YES/
Drug / medication misuse: NO / UNKNOWN	YES/
History of serious self-neglect: NO / UNKNOWN	YES/
Accidental harm: NO / UNKNOWN	YES/

History of exploitation: NO / UNKNOWN	YES/
Persistent provoking / annoying behavior: NO / UNKNOWN	YES/
Threat of harassment/violence from a particular locality: NO / UNKNOWN	YES/
Other (please specify):	
If you have circled YES to any of the above, please give details below (Continue overleaf if necessary)	

Completed by:
Position:
Agency:
Date: