

A1.1



**RENAISSANCE**  
supported housing Ltd.

*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 placement addresses covering the last 3 years  
(Continue on back page if necessary)**

**Dates**

**From:**

**To:**

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



**Health addresses:**

GP, Optician, Dentist

Name:

Address:

Telephone:

**Health continued:**

Do you have a learning or physical disability?

Yes/No

Do you have special dietary requirements?

Yes/No

Any issues of violence:

Yes/No

Have you ever self-harmed?

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, 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

If yes, will you be able to live in a non-smoking house?

Yes/No

**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:**

Received Renaissance – Signature:

Date:

**Comments:**

Continuation sheet

A1.4



*Inspiring Success Fulfilling Ambition*

**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:

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Risk Indicators  
indicator.

Please circle one of these responses for every risk

**Dangerous Behaviour**

Known history of violence: YES /  
NO / UNKNOWN

Problems managing anger / impulsive behavior: YES /  
NO / UNKNOWN

Known history of abuse or harassment of others: YES /  
NO / UNKNOWN

Sexual offences / inappropriate sexual behavior: YES / NO  
/ UNKNOWN

Known anger to children: YES /  
NO / UNKNOWN

Known history of arson: YES /  
NO / UNKNOWN

History of criminal or deliberate damage: YES /  
NO / UNKNOWN

Known to carry knives/weapons: YES /  
NO / UNKNOWN

**Mental health problems**

History of severe and enduring mental health problems: YES /  
NO / UNKNOWN

Psychiatric admissions under the Mental Health Act: YES /  
NO / UNKNOWN

Inappropriate / anti-social behavior: YES /  
NO / UNKNOWN

History of self-harm / suicide attempts: YES /  
NO / UNKNOWN

**Self-care / Risk from others**

Alcohol misuse: YES /  
NO / UNKNOWN

Drug / medication misuse: YES /  
NO / UNKNOWN

History of serious self-neglect: YES /  
NO / UNKNOWN

Accidental harm: YES /  
NO / UNKNOWN





Completed by: .....

Position: .....

Agency: .....

Date: .....