**Referral Form**

**PLEASE NOTE IF THE DASH SCORE IS 14 OR OVER THE CASE WILL NEED TO BE REFERRED TO MARAC NOT BRIDGES**

1. **Details of Referring Agent**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Referral |  | Time of Referral |  | Referring Agency: |  | | Contact No: |  |
| Person making referral: | |  | | | Email: |  | | |

1. **Referring Agent Declaration**

The information provided here is based on information available on the date of completing this form. I am satisfied that this referral is appropriate to the applicant’s identified needs and risk and I have completed this form to the best of my knowledge.

|  |  |
| --- | --- |
| **Referring Officers Signature (Electronic)** |  |
|  |  |

1. **Details of Applicant**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Applicant | | | | |  | | | | | | | | Contact No | | | | | |  | |
| Any other name know by | | | | |  | | | | | | | | Safe time to contact | | | | | |  | |
| Current Address: | | | | |  | | | | | | | | Date moved in: | | | | | |  | |
| Permanent Address: | | | | |  | | | | | | | | | | | | | | | |
| Tameside Connection: | | | | |  | | | | | Religion: | | | | N\A | | | | | | |
| Interpreter | | | | | No | | | | | Language: | | | |  | | | | | | |
| Age: |  | | Date of Birth: | | | |  | | | | | | NI Number: | | | |  | | | |
| Does the applicant have income including benefits? | | | | | | | | | | | | | | | | |  | | | |
| Name Benefits: | |  | | | | | | | | | | | | | | | | | | |
| Is applicant:- | | Employed | | | | | | | Unemployed | | | | | | | In Education | | | | |
| ID Available: | | Yes / No | | | | | | |  | | | | | | | | | | | |
| If No, who will ensure applicant obtains ID? | | | | | | | |  | | | | | | | | | | | | |
| Ethnic origin as defined by client: | | | | | | | | | | | | | | | | | | | | |
| White British | | | |  | | White Irish | | | | | | |  | | White & Black Caribbean | | | | |  |
| White & Black African | | | |  | | White / Asian | | | | |  | Indian |  | | Pakistani | | |  | Bangladeshi |  |
| Caribbean | | | |  | | African | | | | |  | Chinese |  | | Refused | | |  | Other |  |

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| **Details of the perpetrator:** | | | |
| Name: |  | D.O.B |  |
| Address: |  | | |

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| Are there other people that the applicant would expect to live with or would regularly visit the accommodation – e.g. partner, children (Add Boxes if Needed) | | | | | | | | |
| Surname | Forename | Relationship | | D.O.B | | Live with (tick) | | Visit (tick) |
|  |  |  | |  | |  | |  |
|  |  |  | |  | |  | |  |
| **Is anybody in the household pregnant** | | | **No** | | **EDD:** | |  | |

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| **Background**  Please provide an overview of the current situation and reason for referral. | |
| Please see attached DASH  **Please ensure relevant information of the current situation and reason for referral. Lack of information may result in a delay in allocation of this referral.** | |
| What are the victims greatest priorities to address their safety? | |
| **What score is the DASH Assessment?** |  |
| **Do you believe that there are reasonable grounds for referring this case to MARAC?**  **Yes No**  If yes, have you made a referral? Yes No | |

1. **Support needs and risk assessment**

Do you have, or have you had problems in the last 2yrs with -:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | History | Current | None | Details |
| Arson |  |  |  |  |
| Self-Harm, Suicide attempts |  |  |  |  |
| Self-Neglect |  |  |  |  |
| Property neglect |  |  |  |  |
| Discrimination, hate crime, threats, aggression, weapons |  |  |  |  |
| Anxiety, depression |  |  |  |  |
| Drug misuse |  |  |  |  |
| Alcohol misuse |  |  |  |  |
| Violent behaviour |  |  |  |  |
| Mental health issues |  |  |  |  |
| Physical health issues/disability |  |  |  |  |
| Do you take any medication? Please list below where appropriate: | | | | |
|  | | | | |
| Any known risks to staff e.g. Lone working/home visits? | | | | |
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| **Do you believe that there are risks facing the children in the family? Yes No**  If yes, please confirm if you have made a referral to safeguard the children: Yes No |

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| --- | --- | --- | --- | --- | --- |
| Please tick all that apply if disabled: | | | | | |
| Mental Health |  | Visual Impairment |  | Learning Disability |  |
| Hearing Impairment |  | Does not wish to disclose |  | Other – Please give details |  |
| Mobility: |  | Requires: Wheelchair User / Walking Stick or Crutches / No Aids | | | |

**Only Complete this Section if you are Applying for:**

1. **Emergency Refuge Acommodation in TAMESIDE - Contact 0161 339 8755 for Email Address to Submit the whole completed form and dash –**

**DO NOT SEND ACCOMODATION REFERRALS TO Bridges@jigsawhomes.org.uk**

|  |  |
| --- | --- |
| Reason for wanting accommodation? | |
|  | |
| Does applicant have recourse to public funds? | Yes/No |
| If NO please confirm accommodation costs will be funded by your organisation |  |
| Has the case been to MARAC in this area, or any other area? | |
|  | |
| Have you been in a refuge before? | |
| If so, where? | |
| Were you evicted from the refuge? | |
| If so why? | |
| Have you ever been evicted from a private rented property or any other property? | |
| If so where? | |
| Have you any outstanding rent arrears from any property you have been the tenant of? | |
| Where from, and how much? | |
| There is an nominal service charge per week which needs to be paid by the applicant – if you have any concerns in relation to this please note concerns: | |

1. **Applicants Declaration/Authorisation**

|  |  |  |
| --- | --- | --- |
| **Please tick Yes or NO if you agree to the following:** | Yes | No |
| The information I have given is accurate to the best of my knowledge |  |  |
| I give my consent to the disclosure of this information, including supplementary information, for housing purposes. |  |  |
| I agree to the housing providers receiving this referral to contact other relevant agencies to determine whether the service can meet my needs |  |  |
| I give my permission for the outcome of this referral to be explained to the referral agency. |  |  |
| I agree to participate in a Support Package, including Assessments and Support Plans. |  |  |
| I would like a copy of this referral form. |  |  |
| I agree to this information being emailed to the agreed housing providers in the knowledge that the public internet may not be secure.  If No then the form will be faxed or posted. If the form is emailed then a **signed** copy will be posted to the service(s) at a later date for audit purposes. |  |  |

|  |  |
| --- | --- |
| **Applicant Signature (Electronic):** |  |
| **Print Name:** |  |
| **Date:** |  |

**Please check this referral has been completed in full and a DASH is attached – Referrals will not be accepted without the completed DASH**

For all Bridges referrals **(except accommodation**) please e-mail to [Bridges@jigsawhomes.org.uk](mailto:Bridges@jigsawhomes.org.uk)

Where refuge accommodation is required. Please refer to section on refuge on this form)

For any queries please contact 0161 331 2552.