



*"...the only thing that counts
is faith working through
love..."*
Galatians 5v6
Registered Charity No.1023652

Referral and Risk Assessment form

Client Personal Information		Date of Referral	<input type="text"/>
Surname	<input type="text"/>	DOB	<input type="text"/>
First Name	<input type="text"/>	Age	<input type="text"/>
Address	<input type="text"/>	Postcode	<input type="text"/>
		Telephone number	<input type="text"/>
Baby's due date or DOB	<input type="text"/>		

Is the client: Single In a relationship

Please give details of partner/father of baby

- Partner
 Father of the baby

(Tick one or both as appropriate)

Partner/Father's name

Address

DOB

Telephone number

Please give any additional information about partner/baby's father that you think may be relevant

If there are any sections of the form where the box is not big enough for the information you wish to provide, please attach a separate document with the the question title and overflow information.

Referral Information

Date referral completed Referrer's name

Referring agency Position within agency

Telephone number Mobile number

Agency address

How long has the client been known to your agency?

Reason for initial involvement

Please briefly give details of client's current circumstances and reasons for application

Why do you consider that your client is suitable for Cantercare and the level of support this project has to offer?

Please provide the name, address and contact telephone number of any other agencies you know are working with the client providing care, support or treatment

Please provide details of care and support that your agency will be offering your client, if they are agreed for Cantercare, including the length of time your agency anticipate remaining involved

Would your agency act as your client's rent/service charge guarantor? Yes No

Will your agency be able to attend an initial meeting at Cantercare with your client and any subsequent meetings if the need arises? Yes No

If no, please specify why

Reason for Homelessness:

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Overcrowding | <input type="checkbox"/> Asked to leave by parents | <input type="checkbox"/> Asked to leave by other family/friends | <input type="checkbox"/> Care Leaver |
| <input type="checkbox"/> Leaving foster placement | <input type="checkbox"/> Sofa Surfing | <input type="checkbox"/> Other (comment below) | |

If known, has the Council Housing Department accepted a statutory homeless duty for this young person? Give details if necessary

Please provide any further information which may be helpful to this application

Risk Assessment Checklist

This section of the form needs to be completed with consultation of the client.

Please select on the scale the appropriate level, where 10 is a high level of concern and 1 is a low level of concern.

- 1. Poor coping skillsEmotional immaturity/Anger problems etc.
- 2. Behaviour problems; Anti-social, observed/reported
- 3. History of violence;Observed/reported
- 4. Negative influences;Family/friends/associates
- 5. Lack of supportive relationships;Family breakdown/no community ties.
- 6. Previous accommodation difficulties;Rent arrears/neighbour disputes etc.
- 7. Risk to property;Criminal damage/H&S issues.
- 8. Profile of offending (past or present)
- 9. Substance drug/alcohol abuse;History and treatment.
- 10. Mental health issues;Self-harm/behavioural etc.History and treatment.

Present Accommodation

- Where is your client currently living?
- Relative Friends Local Authority Foster Care
 - Supported Lodgings Housing association Hostel No fixed address
 - Roofless Other (please specify)

Has your client ever experienced any problems with rent arrears or harassment from landlords, and/or other residents? No Yes

If yes please specify

Please list where your client has been living for the last 5 years

Cantercare provides shared accommodation for young vulnerable women who are pregnant or with a small baby. They come from a wide range of cultural backgrounds e.g. race/religion/sexuality.

Client's Understanding of Supported Housing

What is your client's understanding of supported housing?

Does your client have any experience of sharing a home with others?

Are they willing to share with others whose needs and backgrounds may differ from their own? Yes No

Is there anyone they are not prepared to share with? Yes No

If yes, please specify why

Client's Income

Is your client currently... Employed Unemployed At school At college

NI Number

School Attended/Attending

Is your client in receipt of any benefits? Yes No

If yes, please give details (specify amount per week/fortnight)

If no, what income do they receive?

Do they understand how to claim benefits? Yes No

Do they have any experience of paying rent or household bills? Yes No

If yes, do they have any rent arrears? Yes No

If yes, please specify

Client's Health

Name of GP

Telephone

Name and address of surgery

Does your client have any history of mental illness?

Yes No

If yes, please specify

Does your client have any health problems, including allergies?

Yes No

If yes, please specify

Does your client have any physical disability?

Yes No

If yes, please specify

Criminal Record

Does your client have a criminal record?

Yes No

If yes, please specify (with dates)

Does your client have a YOT or Probation officer?

Yes No

If yes, please give name and contact details

Does your client have any outstanding court appearances?

Yes No

If yes, please specify

Does your client have any outstanding fines?

Yes No

If yes, please specify

Support Needs and Networks

Do any of the following apply to your client now or in the past?

NB. Admitting to any of these does not automatically mean your client will not be considered a place at Cantercare so please answer as honestly as you can.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Alcohol use/abuse | <input type="checkbox"/> Aggression towards others | <input type="checkbox"/> Anorexia/Bulimia | <input type="checkbox"/> Arson |
| <input type="checkbox"/> Compulsive spending | <input type="checkbox"/> Challenging behaviour | <input type="checkbox"/> Drug use/abuse | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Damage to property | <input type="checkbox"/> Gambling | <input type="checkbox"/> Leaving institutional care | <input type="checkbox"/> Learning difficulties |
| <input type="checkbox"/> Other dependences | <input type="checkbox"/> Physical violence towards others | <input type="checkbox"/> Relationship Breakdown | <input type="checkbox"/> Solvent use/abuse |
| <input type="checkbox"/> Self Abuse | <input type="checkbox"/> Suicide attempts | <input type="checkbox"/> Unpaid debts | <input type="checkbox"/> Victim of violence/abuse |

If yes to any of the above please give details of any agencies involved and what support your client is

Does your client have a:

- CPN Psychiatrist
 Social Worker

Please enclose copies of any care/support plans in place.

If yes, please give name and contact details

Does peer group/family have a positive or negative influence on your client?

- Positive
 Negative

Please specify

Key People

Please detail below key people involved that have not been previously mentioned in this referral, giving as much detail as is possible or necessary. This can include family, friends and other professionals.

Name

Relationship

Details

Contact
details
if relevant

Name

Relationship

Details

Contact
details
if relevant

Name

Relationship

Details

Contact
details
if relevant

Life Skills

This section is to be completed by the client

Please score the following as 5 being 'I can manage alone' down to 1 being 'I must have assistance' - how would you rate your ability to manage the following skills?

Cooking	<input type="text"/>	Claiming benefits	<input type="text"/>	Communicating with others	<input type="text"/>	Domestic chores	<input type="text"/>
Managing money	<input type="text"/>	Shopping	<input type="text"/>	Care of your baby (if applicable)	<input type="text"/>		

What would you see as the advantages and disadvantages of shared accommodation?

Advantages	<input type="text"/>	Disadvantages	<input type="text"/>
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Declaration and Consent

As far as I know the answers that have been given on this form are correct. I understand that Cantercare reserves the right to repossess any accommodation obtained by deliberately withholding relevant information or providing false information.

I, the applicant, understand and agree that if I am accepted at Cantercare I will undertake an Initial Assessment with a member of staff to identify my support needs. I also agree to meet regularly with my key worker as set out in my Initial Assessment.

I understand that information relating to me and my family may be shared with other agencies relevant to my application to Cantercare.

I also understand that all other information held about me or my family will remain confidential unless the following apply;

- | | |
|---|--|
| <ol style="list-style-type: none">1. We believe there to be a child protection issue2. We believe you may be a risk to yourself or others3. You have committed a criminal offence4. We are required by law to disclose information, such as under the Misuse of Drugs Act 1971, or to prevent benefit fraud. | <p>Please print out, sign and return to:</p> <p>Cyra Stedman
01227767180</p> |
|---|--|

Signed.....

Date

Cantercare referrals will be assessed on a needs led basis on the waiting list, therefore please advise us as soon as possible if you become aware of any changes in the needs of the young person.

Monitoring Information

Please ensure your client is aware of what has been written
This information will be kept separate from your application and will be used without names for
statistical purposes
to help maintain our Equal Opportunities policy. We would appreciate your co-operation in
completing this.

Sex Female Male

Age

How would you describe your
ethnic origin?

- Bangladeshi Black
Caribbean
 Black African Black British

Black mixed (please specify)

Black other (please specify)

- Chinese Irish (white non-
british)
 Indian White British
 Pakistani White
European

White mixed (please specify)

White other (please specify)

Other (please specify)

Are you disabled? No Yes

Would you consider yourself disabled? No Yes