



# ALABARÉ CHRISTIAN CARE CENTRES

## Confidential Information

### REFERRAL & INITIAL INTERVIEW FORM

<b>Name of Applicant:</b>	<b>Contact No:</b>
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	Tick	Date
<b>Agency Risk Assessment obtained</b>		
<b>No1 reference obtained</b> (if applicable to the project)		
<b>No 2 reference obtained</b> (if applicable to the project)		
<b>Support Needs Identified</b>		
<b>Accepted</b>		
<b>Declined</b>		
<b>Informed</b>		
<b>Put on Waiting List</b>		
<b>Details Logged in Referral Book</b>		

Date of Application \_\_\_\_\_

## REFERRAL FORM

NAME OF REFERRING AGENCY \_\_\_\_\_ Contact No \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

Current Address/Contact Details \_\_\_\_\_

### Relationship Status

- Single  
  Married  
  Divorced/Separated  
  Widowed  
  Cohabiting  
  Pregnant

Nat Ins Number \_\_\_\_\_ Please Circle Benefits: JSA, IS, DLA, SDA, ICA, In Work

### Reason for Referral

- Vulnerable and at Risk  
  Imminent Homeless  
  Leaving Hospital  
  Family Breakdown  
 Probation/Court Order  
  Leaving Prison  
  Addiction  
  Leaving other hostel  
 Sofa Sleeper  
  NFA  
  Eviction due to rent/Mortgage  
  Eviction due other issues  
 Moving on from Care  
  Moving on from Supported Accommodation  
  Domestic Violence

Other reason? please give details \_\_\_\_\_

### SUPPORT NEEDS

Please tick and give details where appropriate.		Yes	No
1.	Does the applicant meet the project Eligibility Criteria?		
2.	Does the client have support needs?		
3.	Is the applicant willing to engage with support staff?		
4.	Does the applicant consider themselves to have a disability?		
5.	Has the applicant any outstanding court appearances to attend?		
5a.	Has the applicant ever been convicted of an offence? Please give details and dates:		
5b.	If the applicant is 'On Licence' has copy of the Licence be given to the Manager?		
5c.	If the applicant is 'On Licence' has the conditions of the Licence been fully explained to the applicant?		
6	Has the referring agency sent/fax'd or done with you a Risk Assessment?		
7	Has the applicant filled in the Permission to Share below?		

**PERMISSION TO SHARE**

In order to give you support based on your individual needs, it may be necessary to speak to other agencies to gather **relevant** information that enables us to support you well. Please tick which agencies we are given permission to contact should it be appropriate or draw a line through those we are not given permission to contact. (Contact details for the agencies can be put into the Needs Assessment form if the applicant is accepted into the project.)

- |                  |                          |                      |                          |               |                                |
|------------------|--------------------------|----------------------|--------------------------|---------------|--------------------------------|
| Probation        | <input type="checkbox"/> | Mental Health Worker | <input type="checkbox"/> | Social Worker | <input type="checkbox"/>       |
| Health (GP/Hosp) | <input type="checkbox"/> | ADAS/BADAS           | <input type="checkbox"/> | Food Bank     | <input type="checkbox"/>       |
| Drop-In Centre   | <input type="checkbox"/> | Advocacy Service     | <input type="checkbox"/> | Solicitor     | <input type="checkbox"/>       |
| Police           | <input type="checkbox"/> | Benefits Agency      | <input type="checkbox"/> | Housing Dept  | <input type="checkbox"/>       |
| Landlord         | <input type="checkbox"/> | Family               | <input type="checkbox"/> | Other         | <input type="checkbox"/> _____ |

I give permission for Alabaré to contact the agencies ticked above: Yes / NO

Signed \_\_\_\_\_ Date \_\_\_\_\_

I do not give permission for Alabaré to contact the agencies above: Yes / NO

Signed \_\_\_\_\_ Date \_\_\_\_\_

**ETHNICITY applicant considers themselves:**

- |                           |                          |                                 |                          |           |                          |
|---------------------------|--------------------------|---------------------------------|--------------------------|-----------|--------------------------|
| Asian/Asian – Bangladeshi | <input type="checkbox"/> | Black/Black British – African   | <input type="checkbox"/> | Chinese   | <input type="checkbox"/> |
| Asian/Asian – Indian      | <input type="checkbox"/> | Black/Black British – Caribbean | <input type="checkbox"/> | Any Other | <input type="checkbox"/> |
| Asian/Asian – Pakistani   | <input type="checkbox"/> | Black/Black British – Any Other | <input type="checkbox"/> |           |                          |
| Asian/Asian – Other       | <input type="checkbox"/> | Mixed – White & Asian           | <input type="checkbox"/> |           |                          |
| White – British           | <input type="checkbox"/> | Mixed – White & Black African   | <input type="checkbox"/> |           |                          |
| White – Irish             | <input type="checkbox"/> | Mixed - White & Caribbean       | <input type="checkbox"/> |           |                          |
| White – Any Other _____   | <input type="checkbox"/> | Mixed – Any Other               | <input type="checkbox"/> |           |                          |

**OUTCOME OF INITIAL REFERRAL**

Offered Interview \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Applicant declined interview (Reason given): \_\_\_\_\_

**DIRECT ACCESS ONLY - please tick**

Offered accommodation on 28 day licence for Assessment YES / NO  
 Appointment made with Local Housing Dept YES / NO

**OUTCOME OF INTERVIEW**

Offered of Accommodation given YES / NO  
 Not Offered Accommodation YES / NO  
 Put on the waiting list due to no vacancies YES / NO  
 Applicant not eligible for the project YES / NO

Describe other reasons if appropriate \_\_\_\_\_  
 Has emergency help been given  
 and/or referred else where? Please give details \_\_\_\_\_

Person Declined the Accommodation **YES / NO** Reason \_\_\_\_\_

Accommodation accepted **YES / NO** Date moved in \_\_\_\_\_ Room No \_\_\_\_\_ Put on Waiting List? **YES / NO**

ENTERED ON DATABASE \_\_\_\_\_ ENTERED ON LEDGERS \_\_\_\_\_ KEY DEPOSIT PAID \_\_\_\_\_

Interviewed by Staff Members: \_\_\_\_\_