**Please use this form only to refer clients to Focused Living.**

*Focused Living provides supported accommodation to people with care support and supervision needs. Dependent on individual circumstances, clients can be supported in supervisory community based shared accommodation*

Guidance and information:

* Please give clear and concise information about the client
* Please attach relevant ID & recent proof of benefits (3 months)
* Please do not leave any answers blank
* We aim to respond within 48 hours

Please be advised that in order to receive a place in our service, clients must fit the following criteria:

* Be currently in receipt of benefits
* Engaging or determined to engage with a service which addresses their support needs (eg. Local drug or alcohol services, counselling, &or other alternative services)
* Homeless or pending homelessness
* Has valid ID

*\*Please direct all referral forms to email address*

Please list any relevant documents attached to this form:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 1:**  **Client Information** | | | | |
| **First Name:** | | | **Surname:** |
| **Date of birth:** | |  | | |
| **Nationality:** | |  | | |
| **Ethnic origin:** | |  | | |
| **Present Address:** | |  | |
| **Previous Address:** | |  | |
| **Telephone:** | | | | |
| **Anticipated date of discharge/release if relevant:** | | | | |
| **1.1 Referrer Details** | | | | |
| **Name of Referrer:** | |  | |
| **Organisation/location:** | |  | | |
| **Telephone:** | |  | | |
| **Email:** | |  | | |
| **Section 2:**  **Contact details** | | | | |
| **Next of Kin details**  Name:  Telephone:  Relation to client: | | | | |
| **Hospital ward (psychiatrist or hospital consultant)**  ***If applicable***  Name:  Organisation/Hospital:  Telephone: | | | | |
| **Social Worker or Community Psychiatric Nurse**  ***If applicable***  Name:  Organisation:  Telephone: | | | | |
| **Section Three:**  **Medical & Psychiatric Details** | | | | |
| **3.1 Medical details** | | | | |
| **Has the client been diagnosed with any medical conditions?**  ***Please Provide details*** | |  | | |
| **Existing related symptoms:**  ***Please Provide details*** | |  | | |
| **3.2 Mental Health** | | | | |
| **Has the client been diagnosed with a mental health condition?** | |  | | |
| **Medication on discharge/diagnosis:** | |  | | |
| **3.3 Substance Misuse & Behavioural** | | | | |
| **Recreational Drugs:**  *Please give full details*  **Period of abstinence if applicable:** | |  | | |
| **Alcohol Misuse:**  *Please give full details*  **Period of abstinence if applicable:** | |  | | |
| **Behavioural Problems:**  *Please give full details* | |  | | |
| **Any relevant additional information:**  *Please disclose any information that will be relevant to any care support and supervision provided* | |  | | |
| **Section Four**  **Needs & Risk Assessments** | | | | |
| **Do you believe your clients support needs to be low, medium, or high?**  *Please give details* | |  | | |
| **Social interaction**  **Does the client have any problems in this area?** | |  | | |
| **Describe any problems encountered by the client with daily living activities:**  *E.g. cooking, cleaning, taking medication, going out, and using public transport, laundry, and shopping, budgeting, personal hygiene.* | |  | | |
| **Risks**  *Please give details of risks regarding any of the above that need to be taken into consideration:* | |  | | |
| **4.4 Offending History** | | | | |
| **Please provide a full offending history & risk assessment if applicable** | |  | | |
| **Probation Details & Contact information:** | |  | | |
| **Section Five**  **Benefits/Income/Banking** | | | | |
| **National Insurance Number:** | | | | |
| **Savings (Please state the amounts)** | | | | |
| **Bank:** |  | | | |
| **Building society:** |  | | | |
| **Post Office:** |  | | | |
| **Income (Please state the amount received)** | | | | |
| **Universal Credit:** |  | | | |
| **Employment**  **Support Allowance:** |  | | | |
| **Job Seekers**  **Allowance:** |  | | | |
| **Personal Independence Payments:** |  | | | |