

Referral Form

Guidelines for referral

1. To refer a potential resident, please complete this form and return it along with evidence that the client has engaged with services.
2. Potential Residents must be abstinent from drugs and alcohol (where applicable) and motivated to enhance their behaviour and improve their given circumstances.
3. Risk Assessment and self-administration of medications form (SAM) to be completed and sent back with this referral.

Information of organisation making the referral

Your Name:

Your Signature:

Organisation Name:

Date of Referral: / /

Tel Number:

Email:

Referral information

First Name of Client:

Last Name of Client:

D.O.B: / /

Address:

Ethnic Group:

Contact Number:

Are you in receipt of any benefits?

☐

Job Seekers Allowance (JSA)

☐

Employment Support Allowance

Other (please specify)

Reason for Referral (highlight all that apply)

Engaged with services for at least 3 months: (Please cross to confirm)

☐

Drug Abuse Alcohol Abuse Homeless Leaving Recovery Mental health

Any Additional Information we should know (example mental health issues, any past anger or violent/threatening behaviour).

Office use only

Date Referral Received: / /

Referral Successful: YES* / NO

(*Confirmation email to be sent)

Managers Signature:

Rehab Evidence Received: YES / NO* / NA

(*Call referring agency)