**Ridley Villas Referral Form**

To submit your completed document, please email it to

staffridleyvillas@changing-lives.org.uk

If you have a CJSM Secure E-mail system, please send this form to

ridley.referrals@changinglives.cjsm.net

If you have any queries, please contact a member of the Ridley Villas Staff Team on **0191 2329181**

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| **DETAILS OF PERSON MAKING REFERAL** |
| Referrer’s name |  |
| Organisation name |  |
| Role/ job title |  |
| Contact number  |  |
| Contact email  |  |
| Date of referral |  |

Is the person aware you are making a referral? Yes

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| **DETAILS OF PERSON BEING REFERRED** |
| First name |  |
| Last name |  |
| Previous/Other Names  |  |
| DOB |  |
| **CONTACT INFORMATION** |
|  | Details |  |
| Phone |  |  |
| Current AddressIncluding details of tenure (e.g. home owner, renting?) |  |
| **ACCESSIBILITY REQUIREMENTS** |
| Accessibility requirements?(e.g. hearing loop, braille documents) | Yes No Not sure | If yes, please provide details: |
| Disability/literacy or numeracy difficulties? | Yes No Not sure | If yes, please provide details: |
| Is an interpreter required?  | Yes No Not sure | If yes, please provide details of language(s) spoken: |

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| **CHILDREN OF PERSON BEING REFERRED** |
| *Name**(Use “Unborn” for unborn baby)* | *G**E**N**D**E**R* | *DOB/Due Date* | *Does the child live with the person being referred?**Y/N* | *Is the child included in this referral?**Y/N* | *Does other parent have parental responsibility?**Y/N* |
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| **ADDITIONAL INFORMATION** |
| Living arrangements and address of child / children (if different to person being referred) |  |
| Do the children attend school/nursery?If yes, will this need to change? |  |
| Is there Children Social Care involvement? If yes, provide relevant information and include the social worker details(e.g. Child In Need, Child Protection, Subject to Care Order) |  |
| Are any child contact arrangements in place? |  |
| CYPS involvement?If yes describe involvement. |  |
| Are there any significant concerns regarding the children? |  |

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| **REASON FOR REFERRAL**  |
| Is the person in Drug and alcohol treatment or receiving support at the time of referral or admission with an active care plan in place? |  |
| Does the person have an identified housing related support need?If yes, do they have outstanding rent arrears with other providers.  |  |
| Does the person have children and/or pregnant? If the children are not currently in their care, is there a plan for reunification?  |  |

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| **SUPPORT NEEDS/ VULNERABILITIES**  |
| **Please tell us more about any support needs the person being referred may have:****Please tick where appropriate** |
| Mental Health Physical Health Additional Learning Needs  | Drug Misuse Alcohol Misuse Offending  |
| **Please provide additional details if you have ticked any of the above:** |
| **Mental Health***(e.g., diagnosis, prescribed medication, treatment plan, impact on presentation)*Has the person being referred ever threatened or attempted suicide? |  |
| **Physical Health** *(e.g., mobility issues, allergies, HIV, Hep C, treatment plans, prescribed medication)* |  |
| **Additional Learning Needs***(e.g., sensory, developmental, physical, learning or behavioural)* |  |
| **Drug Misuse***(e.g., script, frequent or infrequent drug use including current and historic)* |  |
| **Alcohol Misuse****Including Historic & Current***(e.g., engaging in services, frequency of use)* |  |
| **Offending***(e.g., Details of historic or current offending, risk toward staff or other residents*) | *We are unable to accept referrals for women with serious offending histories including schedule 1 offences and / or arson* |
| **Additional Risk**  | Is this person safe to lone work? If no, provide details:Are there any other additional safety considerations you would like us to know about? |
| **PROFESSIONALS INVOLVED:**Does the woman (and children) have professionals involved? |
| Professional | Name  | Email / Tel. No |
| Adult Social Worker |  |  |
| Children’s Social Worker |  |  |
| Health visitor / Midwife  |  |  |
| Mental Health Workers  |  |  |
| Substance Misuse Workers  |  |  |
| Probation Officer |  |  |
| Domestic Violence Officer (Police)  |  |  |
| Domestic Abuse Support Services |  |  |
| Other key Support Services  |  |  |

**Thank you for taking the time to fully complete the referral form**

**You will receive a response from a named member of the team within 72 hours**