

## Referral Form

# Cale House

**Please download and save before completing. The form is available in a Word document on request.**  
 Note: This form requires to be filled out in as much detail as possible – incomplete forms will be returned to the referrer if more information is required.

**Criteria:** Please select relevant areas

Single    Homeless    Age 16-65    Addressing substance issues    Other

If you currently have a tenancy and wish to give this up, you are required to go with the referrer to housing to discuss this before you can be accepted for a place at Cale House.

### A. Personal details

Name:			
Address:			
Postcode:			
Telephone:		Mobile:	
Email:			
Date of Birth:		Marital status:	
Children under 16:		Other dependents:	
Comments:			
N.I Number:			
Does this individual have a Risk Assessment?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If yes, please send a copy with this form.			

### B. Referrer's details

Name:		Designation:	
Name of agency:			
Address:			
Postcode:			
Telephone:		Mobile:	
Email:			



## D. Criminal Justice

Is there a Criminal Justice history? (If no, please continue to next section)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Has the individual had any court appearances, and are there any outstanding court appearances? Please include details of all court appearances below.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Details:		
Does the individual have any outstanding fines?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Details:		
Has the individual ever been in prison/fined/completed Community Service? In this section, please include the offences, date of court, sentence passed and whether that was completed or ended in breach and resentence.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Details:		
Has the individual ever been convicted of an assault or breach of the peace? Please give details of actual offence, date of conviction and sentence passed. Was a community order imposed? Please state if this was successful or not.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Details:		
Has the individual ever been convicted of fire raising or arson? If yes give full details, date of conviction and sentence passed. Was a community order given? Was this successful?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Details:		

## E. Substance Use

What is the individual's primary substance of choice? (Please select)	Alcohol: <input type="checkbox"/>	Drugs: <input type="checkbox"/>
Is the individual currently taking alcohol?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If yes, please include amounts and frequency. If not, is there a history of alcohol use and, if so, what does that look like? Has there been service involvement directly related to alcohol use? If so, who and when and is this ongoing?		
Details:		
What effect does alcohol have on the individual's behaviour? Is the person a risk to staff or another resident while under the influence? Details:		
Is the individual currently taking substances?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If yes, please include drug of choice, how often, where and with whom, with alcohol. If not, is there a history of drug use and, if so, what does that look like? Has there been service involvement directly related to drug use? If so, who and when and is this ongoing?		
Details:		
What effect do these substances have on the individual's mood/behaviour? Is the person a risk to staff or another resident while under the influence? Details:		

## F. Signatures

Referrer's signature:		Client's signature:	
Ref. print name:		Client print name:	
Date:		Date:	

**G. Additional information**

Please use this space to continue any answers:

Please complete and return by post to the address below or by email to [calehouse@crossreach.org.uk](mailto:calehouse@crossreach.org.uk)

**Cale House**

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Inverness  
IV2 3PX

Tel: 01463 718616

Fax: 01463 229533

Email: [calehouse@crossreach.org.uk](mailto:calehouse@crossreach.org.uk)