

Referral Form

Cale House

Criteria: Please select relevant areas

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.

Single	Homeless	Age 16-65	Addressing subs	tance 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. Person	nal details					
Name:						
Address:						
Postcode	e:					
Telephor	ne:		Mobile:			
Email:				<u>. </u>		
Date of E	Birth:		Marital	status:		
Children	under 16:		Other o	lependents:		
Commer	nts:					
N.I Numl	per:					
Does this individual have a Risk Assessment?			N. \square			
If yes, please send a copy with this form.		m.		Yes: 🗆	No: 🗆	
B. Refer	er's details					
Name:				Designation:		
Name of	agency:					
Address:						
Postcode	e:					
Telephor	ne:			Mobile:		
Email:					,	

C. Health

Please select appropriate answers: (Additional space is available at section G.)

Is the applicant registered with a GP?				Yes: 🗌	No: 🗆
GP details:					
Name:					
Address:					
Postcode:					
Telephone:		Fax:			
This section should	nave any physical health issues? include historical and current phys rms of ability, functionality and/or				
Does the individual have any blood borne viruses?				Yes:	No: 🗆
Please give full detai	ils:				
self-harm? This should include changed), and conc	have mental health issues, includir diagnosed mental health issues as erns around depression, anxiety, t ntervention that has been provide ils:	well as hi houghts c	storical dia of self-harm	as well as a	actions related to
Prescribed medication	on? Please include full details.			Yes:	No: 🗆
If yes, please list all o	current medication that is prescrib	ed:			

D. Criminal Justice

D. Criminal Justice		
Is there a Criminal Justice history? (If no, please continue to next section)	Yes: 🗆	No: □
Has the individual had any court appearances, and are there any outstanding court appearances? Please include details of all court appeara	Yes: □ Inces below.	No: 🗆
Details:		
Does the individual have any outstanding fines?	Yes:	No: 🗆
Details:		
Has the individual ever been in prison/fined/completed Community Service? In this section, please include the offences, date of court, sentence completed or ended in breach and resentence.	Yes: □ ce passed and v	No: □ whether that was
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 senten order imposed? Please state if this was successful or not.	Yes: □ ace passed. Wa	No: □ s a community
Details:		
Has the individual ever been convicted of fire raising or arson?	Yes:	No: 🗆
If yes give full details, date of conviction and sentence passed. Was a communication successful?	munity order g	iven? Was this
Details:		

E. Substance Use

What is the individual's prim	nary substance of choice?	(Please select)	Alcohol: □	Drugs: □	
Is the individual currently ta	king alcohol?		Yes: □	No: □	
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 ha		aviour? Is the person a	a risk to staff o	r another resident	
while under the influence?	Details:				
Is the individual currently ta	king substances?		Yes: □	No: □	
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 substa	ances have on the individu	ual's mood/behaviour	? Is the persor	n a risk to staff	
or another resident while u	nder 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

Cale House

Millburn Road Inverness IV2 3PX

Tel: 01463 718616 Fax: 01463 229533

Email: calehouse@crossreach.org.uk