



Agency Referral Form

To be completed by the Referral Agency

CONFIDENTIAL

Application for admission

Date:/...../.....

Date accommodation required:/...../.....

A) Client's Personal Information

Surname:

Forename (s):

Date of Birth:/...../.....

Address:

.....

B) Agency Details

Your Name:

Position:

Agency Name:

Address:

.....

Tel No (s):

How long have you known your client?

What is the basis of your contact with your client and what work have you done with them?

For what length of time and at what regular intervals will you have contact with your client in the future?

Is your client in contact with any other agencies, eg probation services, counselling services, housing agency, psychiatric institution, social services department, social worker, day centre or any other agency? If so, please list these agencies, giving the name of the agency, the name of a contact worker and the telephone number.

C) Case History

1) What is your client's current housing situation?

Why are you referring your client to supported accommodation?

2) Please give details of any alcohol, drug or solvent abuse problem your client has or may have had.

How do you see this affecting your client at present?

3) Has your client been known to be violent or aggressive? YES / NO

If YES, please give details of any violent or aggressive behaviour shown by your client, this should include any violence in domestic or hostel setting or against a worker in the field.

4) Please list all your client's convictions.

5) Are there any outstanding charges against your client? YES / NO

If YES, please list them and state when they are due to come to court, if known.

6) Is your client currently under probation supervision?
(include probation order, community service order, parole licence, young offender licence etc, do not include voluntary contact).

YES / NO

If YES, please state type of supervision and the date it will be completed. Give the name, address and telephone number of the supervision officer.

If NO, when did he/she finish his/her last supervision order?

If there has never been a supervision order please state.

7) Is your client currently in custody?

YES / NO

If YES, when will he/she be released?

Will he/she be released under any form of statutory supervision and if so, how long will this supervision last.

If NO, when was he/she released from his/her custodial sentence?

If there has never been a custodial sentence please state.

8) What is your client's attitude towards his/her offending behaviour?

Has your client taken any steps to change his/her offending behaviour?

9) If your client has any history of mental health problems, please enclose a psychiatric report, if one has been written. Please use this space to tell us about your client's current state of mental health.

What medication, if any, does your client take? Please give details of dosage and administration.

What is your client's attitude towards his/her medication?

10) Please tell us about any problems your client has had in past accommodation.

11) What support needs does your client have?

What role do you see St Martins taking in meeting these needs?

12) Having discussed with your client the contents of the information provided, please comment on why your client wants to come to St Martins and his/her choice of project.

13) Please use this space to write a profile of your client.
OR you may enclose a recent SER or other probation report, if applicable.

14) St Martins believe that all residents should have access to information held on them. We recognise that psychiatric reports must be kept confidential.

IF YOU DO NOT WISH YOUR CLIENT TO SEE THIS FORM PLEASE STATE SO HERE:

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Signed:

Name:

Date:/...../.....