

Chesterfield, NE Derbyshire & Bolsolver
 YMCA Derbyshire, Field House, Dock Walk,
 Wheatbridge, Chesterfield S40 2AB

Amber Valley & Erewash
 YMCA Derbyshire, Rosscarbery House,
 4 Coronation Street, Ilkeston DE7 5QH

Referral form ————— Part 1: Core information

Referral agency details

Referral agency: _____ Date of referral: _____

Name of referrer: _____ Telephone: _____

I confirm that the person being referred has consented to this information being passed on.

Any known risk of violence to the provider? Yes No

Referrer's signature: _____

Service user's details

Name: _____ Contact no: _____

Address: _____

What sort of accommodation is this? _____
 (e.g. own home, interim accommodation, friend/relative, etc.)

Is an interpreter needed? Yes No Is a signer needed? Yes No

Does the service user have a disability? Yes No If yes, please give details:

Household details

Please include the service user and people who will live in the supported tenancy only.

Name	Relationship to person referred	Gender	Age / DOB	If pregnant, due date
	Service user			

Referral form Part 2: Support needs

Support needs and particular issues

Are there any other agencies currently involved with supporting this person?

Yes No If yes, please give details with named worker and contact details:

Are you aware of any particular needs or issues?

Yes No If yes, please give details (eg. health, child protection, issues with drugs alcohol, violence, mental health, offending history, etc.):

Have they currently got or, if moving, will they have support from anyone else?

Yes No If yes, please give details (eg. family or friends):

Housing situation

Is the service user a current tenant? Yes No

If yes, who is the landlord: _____

Please explain any difficulties they are having with their tenancy:

Have they had a settled tenancy before? Yes No

If yes, please give details: _____

Has the applicant had any problems previously in sustaining a tenancy or settling into a community?

Yes No If yes, please give details: _____
