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REFERRAL FORM

All sections of this form need to be completed. Please make sure that your responses are as comprehensive as possible and use further sheets if necessary. Supporting evidence or documentation to be supplied where available.

I. PERSONAL DETAILS	
Name of Client:	Also known as:
Contact Number:	Prison number:
Address:	
Prison:	
Probation:	
Date of referral:	Name of referrer:
Referral Agency:	
Referral Address:	
Email Address:	
Telephone:	
How long have you been in contact with this client?	
Length of imprisonment:	Anticipated release date:
Last convicted offence:	CHAIN number <i>(if applicable)</i> :

Release Date:	
*NI Number:	*Date of Birth:
Gender:	Contact Number
Additional Contact Number:	Email address:
How does the client define their ethnicity?	
How does the client define their sexuality?	
Does the client define themselves as disabled?	
Are translation services required? YES NO <i>(Circle one)</i>	Language
Emergency Contact:	
Contact Number:	
Next of Kin:	
Relationship:	

Any dependants please add

Name(s):

Age(s):

Address:

II. CONVICTION HISTORY

Conviction Date	Offence	Offence Location	Sentence Status

ID & INCOME

Is the client employed?	Is the client eligible for welfare benefits?
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Please indicate which of the following forms of ID the client has:

Passport (UK or foreign with permanent visa)

Home Office letter granting indefinite leave to remain UK birth certificate

Other *(Please specify)*

If no boxes have been ticked, have any of the above been ordered? **YES** **NO**

(Circle one)

Please note, if sufficient ID to establish benefit entitlement is not available, the referral cannot be accepted

Please indicate which benefit the client receives, or has applied for, or is to apply for

ESA Income Support Incapacity Benefit
 Other If other please give details Universal Credit
 None If none, why not?

If claiming Benefit, which Office?
If funded from an alternative source of income, please give written confirmation of funding

III. HOUSING / HOMELESSNESS HISTORY

The following categories should be used when dealing with ‘Type of Accommodation’ below:

- | | |
|-------------------------------------------------|---------------------------------|
| A Short stay hostel / night shelter | I Private rented tenancy |
| B Long stay hostel | J Squatting |
| C B&B /hotel | K Sleeping rough |
| D Parental Home | L Hospital |
| E Staying with friends / relatives | M Armed Forces |
| F Local Authority care / children’s home | N Prison |
| G Owned own home | O Other |
| H Council / Housing Association tenancy | |

If the accommodation falls outside these categories, please specify.
Please detail all accommodation since last settled base, starting with the current one.

Accommodation History - Dates of stay. Cover the last 5 years, use further sheets if necessary, and include time in Prison etc.		Address/Postcode	Category A-O	Reason for leaving
From	To			

Reasons for homelessness / current housing situation – client comments

IV. SIGNIFICANT CONTACTS WITH EXTERNAL AGENCIES

Please indicate whether your client has had contact with the following:

Where possible letters helpful to support application can be attached with this application.

	Name of worker	Contact Details
Social Worker		
Probation Officer		
Psychiatrist		
Drug Counsellor		
Alcohol Counsellor		
Debt Counsellor		
Occupation Therapist		
Keyworker / Resettlement worker		
Other (please specify) <input type="checkbox"/>		
GP <input type="checkbox"/>		

V. CLIENT'S NEEDS ASSESSMENT

Please tick if any your client requires support in any of the following areas:

Fair access, assessment
Appendix 1 – Referral Form 2021

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* MANDATORY FIELD

- | | | | |
|------------------------------|--------------------------|-----------------------------------------------|--------------------------|
| Accommodation | <input type="checkbox"/> | Legal issues | <input type="checkbox"/> |
| Move | <input type="checkbox"/> | Immigration / asylum | <input type="checkbox"/> |
| Self-care / lifeskills | <input type="checkbox"/> | Social contact with family | <input type="checkbox"/> |
| Physical health | <input type="checkbox"/> | Other relationships | <input type="checkbox"/> |
| Mental health | <input type="checkbox"/> | Learning difficulty / disability / difference | <input type="checkbox"/> |
| Alcohol use | <input type="checkbox"/> | Employment and training | <input type="checkbox"/> |
| Substance use | <input type="checkbox"/> | Leisure and recreation | <input type="checkbox"/> |
| Budgeting and debt | <input type="checkbox"/> | Basic skills | <input type="checkbox"/> |
| Identification / Benefits | <input type="checkbox"/> | Personal Safety | <input type="checkbox"/> |
| Personal / Cultural Identity | <input type="checkbox"/> | Other | <input type="checkbox"/> |

If you have indicated a support need, please provide details below:

VI. EDUCATION / TRAINING / EMPLOYMENT			
TYPE <i>(Education / Training / Employment)</i>	LOCATION <i>(School / College / University / Workplace / Centre)</i>	QUALIFICATIONS / SKILLS LEARNED	TIME PERIOD <i>(In months, years)</i>

VII. PERSONAL DEVELOPMENT / GOALS

What would you like to achieve with Pathwaze? Any specific goals? What qualities within yourself would you like to work on?

VIII. BUDGETING / FINANCES

Are you good at budgeting? Have you budgeted before? What expenses are your priorities (food, rent etc.)?

IX. FAMILY / CARE NETWORK

How are your relationships with your family / friends / care network? Which of your relationships are most important to you?

X. SELF-CARE / LIFE SKILLS

Do you have a good, regular self-care routine? Are you good at dealing with conflict?

XI. CLIENT RISK ASSESSMENT

Please use this space to provide further information regarding potential areas of risk that your client may have. This information will assist us to identify potential risk and a risk management plan will be implemented should we accept this client.

Does the client have any illnesses or a medical condition?
What medication are you prescribed (e.g. tablets, medicine taken)? If NONE, please state this.
Does the client have a history of substance misuse? If so, please specify
Has the client ever been diagnosed with a mental illness?

RISK OF HARM TO SELF			
Is there a known history or recently identified risk of self-harm or suicide attempts?		Please rate the severity of this known history as either high, medium, or low.	
Is there a known history of the person being bullied or dominated by others?			
Is there a known history of substance abuse?			
Is there a known history of self-destructive or excessive risk-taking behaviour?			
Is there a known history of mental health problems that could pose a risk to self?			
Is there a history of self-neglect?			
Is there history of Domestic Violence, as victim or perpetrator?			

RISK OF HARM TO OTHER RESIDENTS

Is there a known history of violence towards associates, peers, or family members?		Please rate the severity of this known history as either high, medium, or low.	
Is there a known history of violence towards strangers?			
Is there a known history of the person bullying or dominating others?			
Is there a known history of inappropriate sexual conduct towards others?			
Is there a known history of mental health problems that could pose a risk to others?			
Is there a known history of arson?			

Please give further information and indicate any protective factors and/or interventions to reduce risk:

Please give further information and indicate any protective factors and/or interventions which have been implemented to reduce risk:

RISK OF HARM TO STAFF

Is there a known history of violence or threats of violence towards staff?		Please rate the severity of this known history as either high, medium, or low.	
Is there a known history of other inappropriate behaviour towards staff?			

Please give further information and indicate any protective factors and/or interventions which have been implemented to reduce risk:

RISK OF DAMAGE TO PROPERTY

<p>Is there a known history of the person causing damage to their own home or environment?</p>		<p>Please rate the severity of this known history as either high, medium, or low.</p>	
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Please give further information and indicate any protective factors and/or interventions which have been implemented to reduce risk:

ASSOCIATIONS THAT HEIGHTEN RISK

Are there any associations with any individuals or groups of people that may heighten risk? Please give further information:

CONFIDENTIALITY CONTRACT

I give my consent for the information that I have given to Pathwaze to be shared between Pathwaze and relevant agencies to assess accommodation and services in relation to my identified needs.

It has been explained that this information will be held on a database, will remain confidential, and will not be shared with any other agency without first seeking my permission.

The only exceptions to this will be where Pathwaze has serious concerns about the personal safety of myself or others. Examples of these concerns include:

- If staff believe that I am seriously contemplating suicide or self-harm.
- Where there is a genuine threat of violence against another individual.
- Where staff are summoned by a court order to give evidence.

Agreement to consent given:

Client consent signature:

Date:

OFFICE USE ONLY

TO BE COMPLETED BY PATHWAZE *(management)*

XII. CONFIRMATION OF ACCEPTANCE/REJECTION

Client Name:

Referral Date:

(Circle one)

Applicant accepted

Applicant rejected

STAGE 1

PROCESSED ASSESSMENT DATE:

(Circle one)

Applicant accepted

Applicant rejected

STAGE 2

Sign Up Date:

Comments:

Manager (Print name):

Signature:

Date: