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| C:\Users\mya\AppData\Local\Microsoft\Windows\INetCache\Content.Word\GROW_logo_smaller.gifGROW **Referral form**  36, Rickmansworth Rd, Watford, Hertfordshire, WD18 7HT  Tel: 01923 256189 Email: growhostel@uwclub.net  www.watfordhomeless.org.uk | | | | |
| CONFIDENTIAL | | | | |
| Is this a self-referral? | | | | |
| If this form is being completed by referrer, please add full contact details:Date of referral: | | | | |
| Applicant Details | | | | |
| **Full name:** | | | **M** (must be male 25yrs +) | |
| **Age:** | | **D.o.b:** | | |
| **Ethnic origin:** | | **Nationality:** | | |
| **Applicants’ correspondence address or care of address** (if applicable):  **Applicants contact no.** | | **Applicants’ emergency contact name and contact number.** | | |
| **GP Name:**  **GP Address:**  **Tel No:** | | **National Insurance Number:** | | |
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| **In receipt of benefit?**   * **Universal Credit? Amount: How often?**   **Date/s of Universal Credit payment:**   * **ESA? Amount: How often?**   **Date/s of ESA payment:**   * **P.I.P? Amount: How often?**   **Date/s of P.I.P payment:** | | |
| **Does the applicant have any rent arrears?**  **If yes, what is the amount of rent arrears?**  **Address where the rent arrears are due:** | | |
| **Does the applicant have any service charge arrears?**  **If yes, what is the amount of service charge arrears?**  **Address where the service charge arrears are owed:** | | |
| **What is the background leading up to the current referral for GROW supported accommodation; please include** **any difficulties affecting progress i.e. Not completing forms, failing to attend appointments, warnings within agency, anti-social behavior, eviction etc.** | | |
| **What has contributed to the current state of homelessness?** | | |
| **Please add seven-year chronological housing history – please include addresses with dates:** | | |
| **Any involvement with mental health services? Yes? No?**  **Please add any mental health diagnosis:**  **Address of Mental Health Clinic:**  **Name and contact number of Care Coordinator:** | | |
| **Please add chronological history of any inpatient mental health treatment, starting with most recent:** | | |
| **Any involvement with substance misuse services? Yes? No?**  **If yes, please add:**  **Address of Treatment service:**  **Name and contact number of treatment worker:** | | |
| **Please add chronological history of any detox/rehab treatment, starting with most recent:** | | |
| **Summary of any alcohol and or other drug/s use:**  Substance/s of choice:  Approximate daily usage:  Date last consumed alcohol and or another drug/s:  What was the quantity: | | |
| **Any involvement with Criminal Justice services? Yes? No?**  **If yes, please add:**  **Address of Probation:**  **Name and contact number of Probation Officer:** | | |
| **Please add chronological history of any offences starting with most recent:** | | |
| **Describe behavior/mood/ability to communicate/appearance etc.** | | |

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| **RISKS – Mini Assessment:** | | | |
|  | **Past?** | **Present?** | **Dates and Details** |
| Self-Neglect |  |  |  |
| Self-Harm |  |  |  |
| Suicidal Ideation |  |  |  |
| Attempted Suicide |  |  |  |
| Offending behavior |  |  |  |
| Aggressive/threatening behavior \* (Whom e.g. Family; staff; female/male etc.) |  |  |  |
| Violence towards others\*  (Whom e.g. Family; staff; female/male etc.) |  |  |  |
| **Please list any ongoing health conditions or concerns (physical or psychological):** | | | |

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| **List any current medication** | **For which Condition?** | **Dosage:** | **Prescribed by?** |
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| **To the applicant, please note:** The aim of the GROW is to work within the age group of 25-60yrs, single homeless males of Watford and the surrounding areas. GROW offers short to medium term hostel accommodation max 2yrs).  By signing this referral/application form the referred applicant is agreeing that GROW will contact other agencies and professionals to seek references and opinions regarding their past and present situations. This is to best assess your current situation so that we can agree an appropriate care plan with you and assess your suitability for GROW.  Any details of this application/referral that are less than honest and accurate may cause the applicant to be turned down at interview, or if successful with their application may cause the applicant to lose their bed at GROW.  Grow does not permit the use or storage of alcohol or illicit substances on any of its premises, nor does it permit the storage of drug paraphernalia on any of its premises. GROW also does not permit the storage of substitutes/controlled drugs on its premises at any time. Please arrange daily supervised consumption at either of the following seven-day pharmacies: Boots Intu or Boots Waterfield.  GROW undertakes random room checks, breathalysing and urine drug screening.  GROW offers a single room with shared kitchen and bathroom facilities.  Applicant print name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Referral Worker print name (if applicable):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Referral Worker signature (if applicable):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |