



Services Referral Form

Service Making Referral		Key Worker Name:	
Email		Contact Number	

CLIENT

Forename:		Home Address (or 'care of' address):
Surname:		
DOB:		
Contact Number/s:		Postcode (if known):

SUPPORT

What kind of support is needed? (please tick all that apply)

Just someone to talk to	One-to-One regular support	Contraception
Help accessing services	Advocacy	Other.....

HEALTH

Does the client have a GP?	Y		N		Name / address of GP:
Do they have a next of kin to contact in emergencies?	Y		N		Name / mobile of Next of Kin:

Does the client use any of these services? (please tick all that apply)

Baker Street Clinic		Broad Street Mall Walk In NHS Centre	
The Florey Unit		Other.....	

Does the client have any medical condition / s we should be aware of?

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SUBSTANCE MISUSE

Does the client have substance misuse issues?	Y		N		Started;
Brief History of use:					
Does the client access any of these services? (please tick all that apply)					
Cranstoun (Reading CDA)		CJIT		DAIS (Reading CRI)	
Divert		Source		Turning Point	
KCA prescribing service		RUF		CAST	

HOUSING NEEDS

Is the client in need of help accessing accommodation?					
Are they accessing these services? (Please ✓ if <u>yes</u> , or '?' if they'd <u>like to be referred</u>)					
St Mungo's Street Services		RBC Housing Dept		Salvation Army Hostel	
Waylen Street Project (BCHA)		Garner House		Hamble Court (Riverside ECHA)	
YMCA		Ability Housing		Citizens Advice Bureau	
Other supported housing		LaunchPad		Own Tenancy / Mortgage	

ABOUT THE CLIENT

If there is anything that you think would be helpful for us to know, please note it here. Please refer to our Confidentiality, Child Protection & Vulnerable Adult policies for details about information sharing.

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FURTHER INFORMATION

	I enclose my own agency's Risk Assessment for this client*
	I enclose my own agency's Care Plan for this client*
	I enclose a Rahab Self Referral Form filled in by the client
	I enclose a signed Rahab Client Information Agreement
	I enclose a SWAG Consent Form , signed by the client

* both of these would be extremely helpful in enabling The Rahab Project to provide relevant support

Key worker signature: **Date:**

:: The Rahab Project :: Client Information Agreement ::

CLIENT CONSENT: Information Sharing & Advocating on Your Behalf

In order for us to offer support to you, and to sometimes advocate on your behalf, it is necessary for us to contact other services and share basic information (when it's appropriate for us to do so). Here you are asked to consent to this. Most agencies involved in providing services are **required by law** to cooperate to **improve** the wellbeing of vulnerable adults, but they require your consent to do so.

The reason there is sharing of information is because it **enables** the **right services** to be provided for you, because there's a **better understanding of your strengths and needs**. It will also prevent you from having to repeat the same information to several services. **Any information supplied on this form is confidential**, but will be shared on a 'need to know' basis among agencies involved in offering support (i.e. housing, substance misuse support services, Alana House).

In some circumstances, information can be shared between agencies without consent, for example where information sharing may prevent a crime or safeguard the welfare of a vulnerable adult or young person. Even in these circumstances it is normal practice to obtain consent wherever possible.

I give my consent for the information collected on this form, to be shared for the purpose of referrals with appropriate agencies. The intention of this information sharing is to help me access the right support for me.

I understand that by signing this form I will not affect my rights under data protection law or Human Rights law. I understand that at any time I can change or withdraw my consent by notifying my key worker.

Client signature **Date**

Print name