Name:_____ **Tel no*:**_____

NINO:_____ **Date of birth:** ____ / ____ / ____

Original home area:_____ Nationality: _____

Ethnic origin:_____ Religion:_____

Next of Kin: (Do not leave this section blank)

Name:_____ Relationship to you?_____

Address:_____

Tel no*:_____ Mobile:_____

Referring Organisation:_____

Name _____ Profession:_____

Tel No*:_____ E-Mail _____

Benefits

Are they receiving any benefits? (Evidence required) ☐ ☐

If YES please state which one and how often they are paid:

Job Seekers Allowance (JSA)_____ Employment Support Allowance (ESA)_____

Income Support (IS) _____ Other _____

If NO please state how they are supporting themselves:

Current Living Situation:

Please specify, Last address for Benefit Claim / If Homeless please also state for how long:

Living with family	yes/no	How long
Street Homeless	yes/no	How long
Homeless (Sofa Surfing)	yes/no	How Long

Just Released from Institution / Prison (if so please supply last known address):

Address last claimed Benefits at:

Care Leavers/ Travellers and Elderly:

Care leaver, Traveler or Elderly? YES ☐ NO ☐

Domestic Abuse

Do they consider themself to be a victim of domestic abuse?

YES ☐ NO ☐

If yes please give more details:

Who was the perpetrator of the abuse and where are they now?

Was this physical, emotional, mental or a mixture of the above?

Did they report this to the Police or any other professional or to a friend or relative?

Have they sought Legal advice concerning their options?

Probation / Licence

Are they on Probation/ License? YES ☐ NO ☐

(They will need their probation officer to send a referral)

Are they a registered Sex Offender? Yes/No

Have they committed Arson? Yes/No

RISK ISSUES

Do they present a risk? YES ☐ NO ☐

If yes please give details:

Staff

Other residents

:

The community

DRUG ISSUES

Do you consider they have any problems relating to drug abuse?

Legal drugs Yes/No

Illegal Drugs Yes/No

If yes please give following information:

What drugs are they taking and how often?

Do they consider themselves to be addicted to drugs? Yes/No

Have they been referred to a drugs agency? Yes/No If no do you wish us to refer them?

What support (if any) is required from BFH?

ALCOHOL ISSUES

Do you consider they have any problems relating to alcohol abuse? Yes/No

If yes please *give more details*:

What are they drinking on average and how often?

Do they consider themselves to be an alcoholic? Yes/*No*

Have they been referred to an alcohol agency? Yes/No If no do you wish us to refer them?

What support (if any) is required from BFH?

Do they have a Doctor/Social Worker/Support Worker? Yes/No

If yes please give more details:

Name of Social Worker / Support Worker.

Name/address of surgery/social service office/support agency

Contact Tel number

MENTAL HEALTH ISSUES

Do you consider them to have any mental health issues? Yes/No

If yes please give more details:

What have they been diagnosed with?

Have they received any advice or medication in relation to this? Yes/No

Do you consider they suffer from depression and how does this affect them?

Have they been prescribed any anti-depressants and if so, is their prescription up to date and are they taking the medication?

Do you consider they suffer from severe anxiety or stress and how does this affect them? Yes/No

Have they ever had suicidal thoughts and if so, how often and how do these affect them? Yes/No

Have they ever self- harmed or considered self -harming and if so, how?

Do they have severe mood swings and how does this affect them?

MEDICATON

Are they on any regular medication? Yes/No

If yes please give more details:

What medication?

How often do you take it?

What is this for?

Any Additional Information

If yes please give more details