**South Tees Changing Futures: Referral Form**

**Eligibility Criteria:**

The person requiring support from the Changing Futures Programme must be experiencing **TWO** **OR MORE** of the following issues: *(tap all the selection boxes that apply)*

* Experiencing Domestic Abuse [ ]
* Mental Health Issues [ ]
* Homelessness or Acute Housing Need [ ]
* Substance or Alcohol Misuse [ ]
* In Contact with the Criminal Justice System [ ]

*Please complete all fields and provide as much information as possible.*

**Referrers Details:**

|  |  |
| --- | --- |
| **Referrers Name**  | Click or tap here to enter text. |
| **Agency / Referring Body** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |
| **Telephone Number** | Click or tap here to enter text. |
| **Referral Date** | Click or tap to enter a date. |

**Consent:**

|  |  |
| --- | --- |
| **Has the person given consent for this referral?** | Choose an item. |

**Details of the person being referred.**

|  |  |
| --- | --- |
| **Full Name** | Click or tap here to enter text. |
| **Date of Birth**  | Click or tap here to enter text. |
| **Home Telephone** | Click or tap here to enter text. |
| **Mobile Telephone** | Click or tap here to enter text. |
| **Home Address (incl. post code)** | Click or tap here to enter text. |
| **Details of current location**  | Choose an item. |
| **Who does the person live with** | Choose an item. |
| **If, yes who else lives with them?** | Click or tap here to enter text. |

**Is the person registered with a Doctor?**

|  |  |
| --- | --- |
| **GP Name** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |

**Interpretation Service Required?**

|  |  |
| --- | --- |
| **Interpretation service required?** | Choose an item.  |
| **If ‘Yes’ what language?** | Click or tap here to enter text. |
| **Has this service been arranged?**  | Choose an item. |

**Any Known Risks:**

*(Please provide details of any known risks, either to the person, from the people they live with or to any allocated changing futures key worker)*

|  |  |
| --- | --- |
| **Risk 1** | Click or tap here to enter text. |
| **Risk 2** | Click or tap here to enter text. |
| **Risk 3** | Click or tap here to enter text. |
| **Risk 4** | Click or tap here to enter text. |
| **Risk 5** | Click or tap here to enter text. |

**Reasons for Referral:**

(*Please provide as much current/historical information as possible)*

|  |  |
| --- | --- |
| **Domestic Abuse** | Click or tap here to enter text. |
| **Mental Health** | Click or tap here to enter text. |
| **Homelessness or Acute Housing Need** | Click or tap here to enter text. |
| **Substance and / or Alcohol Misuse** | Click or tap here to enter text. |
| **Interaction with Criminal Justice System** | Click or tap here to enter text. |

**What positive outcomes is the person hoping for?**

|  |  |
| --- | --- |
| **Outcome 1** | Click or tap here to enter text. |
| **Outcome 2** | Click or tap here to enter text. |
| **Outcome 3** | Click or tap here to enter text. |
| **Outcome 4** | Click or tap here to enter text. |
| **Outcome 5** | Click or tap here to enter text. |

**Who else is involved in supporting the person?**

|  |  |
| --- | --- |
| **Professional 1** | Click or tap here to enter text. |
| **Professional 2** | Click or tap here to enter text. |
| **Professional 3** | Click or tap here to enter text. |
| **Professional 4** | Click or tap here to enter text. |
| **Professional 5** | Click or tap here to enter text. |

Please return all completed forms to AccessAdultsTeam@Redcar-Cleveland.gov.uk

If you have any general queries about the Changing Futures Programme, please call **01642 771588**

**NOTE:** If you are not able to place an ‘x’ in two or more of the boxes above and provide all the relevant details in the sections above the person will not be accepted on to the programme. Other assistance may be available, so please contact the Redcar and Cleveland Council Adult Access Team on 01642 065070 to discuss your options.