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Cadence Housing CIC

Referral Form

About Us:

Our mission: Cadence Housing CIC Plymouth is a supported housing project for people at the beginning of their journeys of recovery from drug and alcohol addiction and or homelessness. We provide a safe environment for people to engage with 12 Step Recovery, which we believe to be an effective solution to active addiction.

Referral Process: This application form is the first step in the referral process – it will be followed by an assessment and then a decision as to whether admission is granted. For those applicants who have no knowledge or experience of 12 Step Recovery, the process of assessment will give ample opportunity for us to explain the process and for the applicant to ask questions and decide whether they want to give it a try.

The applicant should be involved and their answers used to populate the Application and Needs Assessment sections, which they are required to sign. The Risk Assessment section should be completed by the professional submitting the referral.

Once complete it should be sent to:- kelly@cadencehousing.co.uk

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Do you have any knowledge of AA or NA?	Yes	No
If so, please detail below what this is:		

Income

What is your source of income? How much do you currently receive?

Universal Credit	
JSA	
Pension	
Employed	
Student	
No income	
PIP	

Do you have savings or own a property?

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Needs Assessment Form

Mental Health

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1. Do you have any history of Mental Health Issues, i.e. Schizophrenia, Bi-polar illness, Manic depression, anxiety, depression, Eating-disorders or Obsessive Compulsive Disorder?

Please give details of:

- o When were you diagnosed?
- o Where were you treated?
- o When were you admitted to hospital?
- o How was your condition treated?
- o Are you still receiving treatment?

Please give the name of the doctor who is treating you.

2. Have you ever attempted to deliberately harm yourself or tried to commit suicide?

Yes / No

If Yes, please give further details:

Substance Misuse

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In order for your referral to be processed the following information must be provided.

1. How long have you been abusing substances?

2. If yes, which of the following substances do you misuse?
 - o Alcohol
 - o Prescribed drugs
 - o Illicit drugs
 - o Solvents
 - o Others

Which types, how much, how often?

3. Do you see yourself as being addicted?

4. Have you attempted to resolve these problems before? If so, when?

Physical Health

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1. Do you have any physical health problems?
2. Are you currently receiving treatment? No
3. Do you have any current or historical cases of Hepatitis infection?
4. Do you have any other infectious medical conditions?

Medication

Please list all medication that is currently prescribed

Medication	Dose	Frequency

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Consent Form and Statement

As far as I know, the answers I have written on this form are true.

I understand that Cadence Housing CIC reserves the right to terminate my licence to occupy any accommodation and withdraw support which has been obtained by deliberately providing false information or withholding essential information.

I hereby give permission for relevant information to be given to this organisation, in respect of my application.

Applicant's signatureDate

Referrer's signature.....Date

Name & Job Title

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RISK ASSESSMENT

Client Name:

Completed By:

1: Type of risk (Tick as many as apply)

2: Detail of risk
(Include details
of last known
incident where
relevant &
frequency)

Risk to self	
Risk to others	
Please tick all boxes applicable (excluding spent convictions)	
Schedule 1/Offence Against a Child	
Verbal abuse	
Aggressive or intimidating behaviour	
Physical aggression/violence	
Non-cooperation with staff	
Issues around mental illness	
Issues around drug or alcohol use	
Issues around street activity	
Issues around criminal or anti-social behaviour	
Discriminatory verbal abuse	
Damage to property	
History of rape or sexual assault	
Accidental fire setting	
Arson	
Lone working considered unsafe	
Female lone working considered unsafe	
Hoarding	

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3: Who is at risk? (Tick as many as apply and provide details where appropriate in the space provided)

Client	<input type="checkbox"/>
Partner	<input type="checkbox"/>
Children	<input type="checkbox"/>
Staff	<input type="checkbox"/>
Neighbours	<input type="checkbox"/>
Contractors	<input type="checkbox"/>
Specific individual(s) (specify)	<input type="checkbox"/>

4:

Assessment of Risk

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High	
Medium	
Low	
No known risk	

5: Risk

Assessment Action Plan

Triggers / behavior to be aware of

What actions have you taken (or suggest) to manage risk with the applicant.

6: Is the applicant aware of this risk assessment? Yes/No

Completed by _____

Date _____

PLEASE PRINT AND SIGN NAME