



REFERRAL FORM

Kindly complete the form to refer an individual to Prestwood Community Housing CIC and email it to: contact@prestwoodcommunityhousing.co.uk

Referrer Information

Referring Agency/Individual:	
Contact Person:	
Contact Email::	
Contact Phone:	
Agency Address:	

Client Information

Full Name:	
Date of Birth:	
Contact Phone:	
Contact Email:	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Emergency Contact Name:	
Emergency Contact Number:	

Email: contact@prestwoodcommunityhousing.co.uk



Background and Situation:

Brief Overview of Client's Situation:	
Reason for Referral:	
Any Special Considerations or Urgent Circumstances:	

Details of Support Needs:

Mental Health Needs:	
Physical Health Needs:	
Housing Needs: Needs support with claiming housing benefits	
Financial Support Needs: Needs support with applying for the correct benefit she maybe entitled to	



Risk Assessments:

Risk to self

	Current (within the last 12 months)	Past (more than 12 months ago)	Never	Further Details
Alcohol Addiction	<input type="checkbox"/>	<input type="checkbox"/>		
Illegal drug use/Addiction	<input type="checkbox"/>	<input type="checkbox"/>		
Legal highs	<input type="checkbox"/>	<input type="checkbox"/>		
Self harm	<input type="checkbox"/>	<input type="checkbox"/>		
Suicidal thoughts/attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>		
Self neglect	<input type="checkbox"/>	<input type="checkbox"/>		
Non-compliance with medication	<input type="checkbox"/>	<input type="checkbox"/>		
Illness (e.g. allergies, diabetes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
Isolation	<input type="checkbox"/>	<input type="checkbox"/>		
Any other risk to self	<input type="checkbox"/>	<input type="checkbox"/>		



Risk to others

	Current (within the last 12 months)	Past (more than 12 months ago)	Never	Further Details
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>		
Threatening or intimidating behaviour	<input type="checkbox"/>	<input type="checkbox"/>		
Drug-related offences	<input type="checkbox"/>	<input type="checkbox"/>		
Sexual offences	<input type="checkbox"/>	<input type="checkbox"/>		
Sexual offences against children	<input type="checkbox"/>	<input type="checkbox"/>		
Firearms offences	<input type="checkbox"/>	<input type="checkbox"/>		
Arson	<input type="checkbox"/>	<input type="checkbox"/>		
Theft or burglary	<input type="checkbox"/>	<input type="checkbox"/>		
Physical violence/assult/AB H/GBH	<input type="checkbox"/>	<input type="checkbox"/>		
Racially motivated incident	<input type="checkbox"/>	<input type="checkbox"/>		



Risk to others

	Current (within the last 12 months)	Past (more than 12 months ago)	Never	Further Details
Criminal damage	<input type="checkbox"/>	<input type="checkbox"/>		
Murder or manslaughter and/or attempted	<input type="checkbox"/>	<input type="checkbox"/>		
Any other risk to others	<input type="checkbox"/>	<input type="checkbox"/>		

Risk from others

	Current (within the last 12 months)	Past (more than 12 months ago)	Never	Further Details
Victim of anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>		
Being threatened or intimidated	<input type="checkbox"/>	<input type="checkbox"/>		
Victim of domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>		
Physical violence/assault	<input type="checkbox"/>	<input type="checkbox"/>		



	Current (within the last 12 months)	Past (more than 12 months ago)	Never	Further Details
Victim of theft/burglary	<input type="checkbox"/>	<input type="checkbox"/>		
Being bullied and/or being controlled	<input type="checkbox"/>	<input type="checkbox"/>		
Racially motivated incidents	<input type="checkbox"/>	<input type="checkbox"/>		
At risk of harm or abuse from others	<input type="checkbox"/>	<input type="checkbox"/>		
Any other risk from others	<input type="checkbox"/>	<input type="checkbox"/>		

Documentation:

- Attach relevant documentation (ID, proof of income, any community engagement records, etc.): [Attach File]

Referral Source:

- How did you become aware of the client's situation?

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- Additional Context or Relevant History:

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Special Requirements:

- Specific Housing or Community Support Service Requirements:

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- Preferences or Restrictions (if known):

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Verification and Confirmation:

- Referrer Signature:
- Date of Referral:
- Consent to Share Information with Other Service Providers: [] Yes [] No

CIC Prestwood Community Housing

Follow-Up Information:

- Notes or Comments:

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- Next Steps or Follow-Up Actions:

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Instructions for Submission:

Submit this form to contact@prestwoodcommunityhousing.co.uk. You may also send inquiries to the same email.