



Registered Charity No. 1027832

## COMMUNITY LINK TEAM REFERRAL

The Referral/Risk Assessment form is designed to gather as much information as possible about you. It is essential that the form be completed with full and accurate information. This information will be used to assess your support needs and how best WCHP can meet those needs.

The information gathered on this form will be treated as strictly confidential.

Please send completed forms to:

St. Clare's Day Centre,  
6-8 Marine Place,  
Worthing,  
West Sussex, BN11 3DN  
Telephone: 01903 832920  
Fax: 01903 832929

Referrer's Details:	Contact Telephone Number:
Contact Number:	Address:
Relationship to person referred:	

**WCHP services are for single homeless and insecurely housed people aged 18+ whatever sex or sexual orientation, race, religion, colour, nationality or ethnic origin, education status, criminal record, upper age and/or disability, who are willing to**

**Abide by the rules of the WCHP client, staff and volunteer community:**

**Try to live according to the core values shared and promoted by clients, staff and volunteers;**

**Make changes to secure a healthy future.**

**The Core Values shared and promoted by clients, staff and volunteers of WCHP are:**

**Awareness, respect and tolerance of each other's individual space and our shared space, vulnerabilities and efforts to move forwards;**

**Taking responsibility for moving our own lives forward;**

**Co-operation and involvement with WCHP community initiatives.**

**Please note: This form will not be processed unless all the following has been completed.**



## HOUSING

Please tell us what sort of accommodation you are living in at the moment.  
(Tick as appropriate)

Housing Association		Local Authority	With family	With Friends	
Homeless		Prison	Hospital	Hostel	
Private Landlord.		Owner/Occupier	Squat	B & B	

Other: *e.g. caravan* (Please specify)

Are you registered with a local authority and/or housing association?  
(circle as appropriate)

No      Yes      If Yes, which one?

Current Address if applicable:

How long have you been at this address?

Is there a particular reason your current address is causing you difficulties. If Yes, please tell us why?

Do you have any rent arrears or any history of anti social behaviour that may inhibit your housing options?

(Please tick appropriately)    No            Yes

If Yes, with whom?

### Housing continued:

Please list any previous accommodation:

Previous address	Dates lived at address	Reason for Leaving	Was the tenancy in your name?

### OTHER AGENCY SUPPORT

Please give details of all other agencies you are currently in contact with.

Agency	Named Worker	Frequency of Contact	Last seen	Telephone Number

## BENEFIT INCOME

Please indicate below if you receive or have applied for any benefits.  
(Please List)

Name of Benefit	Tick if yes	Start Date (approximately)	Amount?	Frequency of Payments?	When is your next payment due

## EMPLOYMENT/TRAINING

Are you currently employed?	No    Yes    (circle as appropriate)
Job title of last or current employment:	
Employer's name:	
Date last employed:	
Reason(s) for leaving?	
Are you currently undertaking Further Education or other training? If yes, please give details.	No    Yes    (circle as appropriate)
Are you currently engaged in any volunteer work?  If yes, please give details.	No    Yes    (circle as appropriate)

## CLIENT PROFILE

To give us some indication of your positive strengths or any complex issues you may have, please tell us on a scale of 1 to 9 (1 the most positive and 9 complex) how you feel about your current situation.

Physical Health		Finance/Budgeting/Benefits	
Mental Health		Relationships	
Drug Usage		Recreation (Hobbies)	
Alcohol consumption		Other Agency Support	
Housing		Basic Skills (reading, writing etc.)	
Employment/Education		Self Image	
Lifeskills (cooking, shopping, using washing machine etc.)		Other Support Issues, please specify:	

**Please sign the declaration on page six or complete the following if you are currently housed.**

Please provide the name, address and telephone number of your landlord/housing association.

Name:
Telephone Number:
Address:
Type of Tenancy
Has there been any recent contact? No <span style="float: right;">Yes</span>
If Yes, please give as full details as possible regarding the contact e.g. name of person spoken to, contact details, reasons behind the contact.

## TENANCY SUPPORT NEEDS

Please tick any areas of support that you need to succeed in either: Maintaining or setting up a tenancy.				
Rent		Budgeting		Bill payment
Benefits		Form Filling		Education/Training
Work		Emotional Support		Relationship
Other, please specify:  				
Do you have any arrears/legal action in relation to current tenancies? In order to assess your support needs, please give as full details as possible including notices issued, any dates for court/eviction etc.          				

**Please sign the declaration below.**

I hereby declare that the information I have provided is full and correct.

**Signed:**

**Date:**

**The Data Protection Act 1998**

Any personal information you provide will only be used and held for the purpose for which it was obtained.