**Client Referral Form**

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| --- | --- |
| Client Reference Number: |  |
| Date of Referral: |  |

**Referrer details**

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Contact details |  |

**Client Details**

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| --- | --- |
| Title and Forename |  |
| Middle Name |  |
| Last Name |  |
| D.O.B |  |
| Gender |  |
| Age (Must be over 21 & Under 65) |  |
| Sexual Orientation |  |
| Ethnicity |  |
| Religion |  |
| Prison Number |  |
| NI Number |  |
| Current Address |  |
| Contact details |  |

|  |  |
| --- | --- |
| Is the client currently involved with the CJS (Criminal Justice System) |  |
| Has the client had previous involvement with the CJS |  |
| Is referral due to CJS involvement |  |

Please tick the relevant boxes below:

|  |  |
| --- | --- |
| Referred as part of a licence |  |
| Community order/suspended sentence |  |
| Bail |  |
| Condition Caution |  |
| IOM (Integrated offender management/PPO) |  |
| Probation |  |
| Other (please state) |  |

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| Other information of above (officer names, location): |
| Housing Information (Previous addresses, tenure, reason for leaving inc. dates): |
| Mental Health Issues (please specify, including medication and support): |

Please tick the relevant boxes and any other information of offending history please put above:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Brief summary of offending history |  |  |  |  |  |
| Schedule One (Child Offences) |  | Sex Offences |  | Arson |  |
| Racially Motivated/Aggravated |  | Homophobic Motivated/Aggravated |  | Assault on Professionals |  |
| Murder/Manslaughter |  | Theft |  | Criminal Damage |  |
| Robbery |  | Assault |  | Vehicle Crime |  |
| Offences involving weapons |  | Driving Offences |  | Fraud/Deception |  |
| Anti-Social Behaviour |  | Handling |  | MAPPA |  |
| Outstanding Offences |  | ABH/GBH(please circle |  | Burglary (Commercial/Dwelling) |  |
| Domestic Abuse |  | Drugs Offences |  |  |  |

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| --- |
| More information from above (details and dates)  **Current:**  **Previous:** |

**Please read to Client: For your assessment you will need to bring in proof of your benefits (Statements etc.). If you do not bring this information with you, there will be a risk of you not being housed.**