**Referral Form**

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| **Guidelines for Referral** |

**1. To refer a potential resident, please complete this form and return it along with evidence that the client has engaged with services.**

**2. Potential Residents must be abstinent from drugs and alcohol (where applicable) and motivated to enhance their behaviour and improve their given circumstances.**

**3. Risk Assessment and self-administration of medications form (SAM) to be completed and sent back with this referral.**

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| **Information of Organisation Making the Referral** |

**Your Name: Your Signature:**

**Organisation Name: Date of Referral: / /**

**Tel Number: Email:**

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| **Referral Information** |

**First Name of Client: Last Name of Client:**

**D.O.B: / / Address:**

**Ethnic Group:**

**Email: Contact Number:**

**Are you in receipt of any benefits?**

 **Job Seekers Allowance (JSA) Employment Support Allowance**

**Other** (please specify) **...................................................**

**Reason for Referral (highlight all that apply) Engaged with services for at least 3 months:**

**(Please cross to confirm)**

Drug Abuse Alcohol Abuse Homeless Leaving Recovery

**Any Additional Information we should know (example mental health issues, any past anger or violent/threatening behaviour).**

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| **Office Use Only** |

**Date Referral Received: / / Referral Successful:** YES\* / NO

 (\*confirmation email to be sent)

**Managers Signature: Rehab Evidence Received:** YES / NO\*/ NA

 (\*ring referring agency)