

**Rough Sleeper Outreach Service Referral Form**

**No:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Site Area: (Aylesbury/Wycombe etc):** |  |

(date initial information received)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date of Birth:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone No:** |  |  |  |

|  |
| --- |
| **Details of sleeping out site: (precise location/ site type):**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender:** |  | **Broad ethnicity:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Estimated Age:** |  | **How long have they been at this site:** |  |

If possible gather more detailed information: (it may not be possible to gather all this information at the time however Rough Sleeper Outreach staff should look to collect is at the earliest opportunity)

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| **Any support needs that can be easily and immediately assessed:** |

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| **Risk Indicators Summary** Does the Applicant have any history or evidence of the following? |
|  | Yes | No | Don’t Know |  | Yes | No | Don’t Know |
| Aggression |  |  |  | Self Harm |  |  |  |
| Arson |  |  |  | Sex Offences |  |  |  |
| Domestic Abuse |  |  |  | Other (please specify) |  |  |  |
| Substance / Alcohol use |  |  |  | Other (please specify) |  |  |  |

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| **If he/she is in touch with any other local services: (include service names & contacts if possible)** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date booked to be seen:** |  | **Support Worker:** |  |

**Details of initial referrer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Agency / member of public** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Tel:** |  | **Email:** |  |

|  |
| --- |
| **Address:** |

**PLEASE EMAIL REFERRAL FORM TO** **BucksOutreach@connectionsupport.org.uk**