

**Rough Sleeper Outreach Service Referral Form**

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

(date initial information received)

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

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

|  |
| --- |
| **Details of sleeping out site: (precise location/ what3words (if applicable) /site type):** **Description of rough sleeper (Any distinguishing features)**  |

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

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

If possible, gather more detailed information:

|  |
| --- |
| **Further details:**  |

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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 |  |  |   |
| Alcohol use |  |   |   | Domestic Abuse |  |  |  |
| Drug use  |  |  |   | High risk offences (i.e.-Firearms) |  |  |  |
| **Other Identified Risks:**  |

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

**Details of initial referrer**

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

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

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

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