

## Oak Care Home Support CIC

### Confidential Client Referral Form

***For Oak Care Home Support CIC to be able to assess the client holistically, ensuring that all elements are considered, it is vitally important to have all of the relevant information about the client's needs, and wants. This will enable the client to be placed in the right environment, and provided with the individual support they will need to firstly sustain their accommodation, adhere to their licence and to develop the skills they need to eventually when ready to move on to being fully independent, in the community.***

Please note: All clients will have a **30-day probation period** to ensure that the service is the most appropriate for them.

**This form to be used only for Oak Care Home Support CIC referrals:**

Guidance and information:

- Please type or write clearly and preferably in black.
- Please give clear information about the client
- Add any additional information to the referral form
- We aim to respond within 72 hours
- **Please ensure the following documentation is attached with the referral form:**
  1. Client ID (**BRP card, ID or Passport**)
  2. Proof of benefit (**To be submitted every month**)
  3. Last 3 months bank statements (**To be submitted every 3 months**)
  4. Proof of NI (**National Insurance Number**)

**Please email forms to the address below**

**Oak Care Home Support CIC**

Telephone: 07983000814

Email: enquiry@oakcarehomesupport.co.uk

Name of Referrer:	Position:
Name of Organisation and address: Mobile/Telephone:	

Oak Care Home Support CIC Client Referral Form

<b>Section One: Personal Information</b>
Name of Client:
Male/Female:
Date of birth:

Nationality:
Ethnic origin:
Religion:
Present Home Address:
Telephone:
Client email Address:
Previous location:
National Insurance Number:
Benefits received (please note clients should be in receipt of a benefit other than housing benefit to be eligible and must have proof of benefits available.)

Does the client have an assigned Social Worker or Community Psychiatric Nurse?  
If applicable, please give details:

**Section Two: Next of Kin contact details**

Name:

Relationship:

Address/Location:

Mobile/Telephone:

**Section Three: Medical and Psychiatric detail**

Diagnosis: Please be as specific as possible

Existing Related Symptoms: Please give details

Mental Health Section (if applicable) Has the client been diagnosed with a mental health condition?  
Has the client had a mental health assessment, if yes please provide details

Are they at risk of suicide? Do they have suicidal thoughts?

Medication currently prescribed: Please give full details

**Section Four: Drugs/Alcohol Use**

Please give full details:

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**Section Five: Behavioural Issues:**

Please give as much detail as possible:

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**Section Six: Criminal Offences:**

Please give details:

Offence:	Custodial Sentence		Where was the Sentence served?	Length of sentence: Dates:
	Yes	No		

<b>Section Seven: Support Needs</b>				
In the referrer's opinion what care, support or supervision requirements does the client have?				
Do they need support with debt management?				
Do they have any current debts? Please provide details.				
Does the client have social interaction issues? (please give details)				
Describe any problems encountered by the Client with daily living activities: E.g. cooking, cleaning, taking medication, going out, using public transport, laundry, shopping, budgeting, personal hygiene.				

**Section Eight: Risks to be noted:**

Please give details of any risks that need to be taken into consideration in addition to completing the risk assessment at the end of this form:

**Section Nine: Benefits and Bank details:**

Are you in receipt of benefits?

What benefit are you receiving?

The amount paid to you?

The date your benefit is paid?

Bank/Building Society/Post office Name:



Savings:

Which bank account?

How much?

**Section Ten: Relevant documents attached to this form:**

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**Section Eleven: Date and Signature**

Referrer Name:

Signature:

Date:

**Referrer Questionnaire:**

1.How Long have you been working with this client?

2. During the clients stay has the client portrayed any behavioural issues or concerns?

3. What Area/Borough does your client have preference on?

Please state reasons why?

4. What type of room size does your client prefer, i.e., double room, do they mind a smaller room?

5. How many people is your client comfortable sharing with?

6. Does your client feel comfortable sharing in a mixed gender property? If not, please state reasons why?

Risk Assessment Checklist – (tick all relevant columns where a risk is identified, please indicate whether it is HIGH, MEDIUM, OR LOW RISK based on knowledge of the Service User)							
Risk to Self							
Risk Factor	high	medium	low	Risk Factor	high	medium	Low
Self Neglect				Wandering			
Abuse by others/financial abuse				Choking			
Non-compliance with medication				Mobility on stairs			
Drug misuse				Road sense			
Self injury behaviour				Environmental risks			
Alcohol abuse				Medical problems			
Anti-social behaviour				Sensory disabilities			
Non-engagement with staff				Ingesting substances			
Suicide				other			
Falling							
Risk to others							

Risk Factor	high	medium	low	Risk Factor	high	medium	Low
Violence to family members				Threat to children			
Violence to staff				Sexual offences			
Violence to other residents				Inappropriate behaviour			
Violence to general public				Other			
Violence from a third party							
Risk on transport							
Risk Factor	high	medium	Low		high	medium	Low
Seatbelts				Moving around on bus/train			
Lift on bus							
Risk related to property							
Risk Factor	high	medium	low		high	medium	Low
Arson				Rent arrears			
Damage to property				Abandonment			
Theft				Interference with electricity/gas			

Details of any risks identified as medium or high

Any special precautions