



# Confidential Client Referral Form

Focused Living CIC

**Please use this form only to refer clients to Focused Living**

*Focused Living provides supported accommodation to individuals with support and supervision needs. Dependent on the individual's circumstances, clients can be supported in supervisory community based shared accommodation.*

**Please be advised that in order to receive a place in our service, clients must fit the following criteria:**

- Homeless or pending Homelessness
- 18-65 single adult
- Benefit awarded and in receipt (JSA, ESA, UC etc, dated within three months)
- Low – Medium support needs & risk
- Engaged or determined to engage in support service to address their needs (e.g. Local drug or alcohol services, counselling, and/or other relevant services)

**Guidance:**

- Please give clear and concise information about the client
- Please do not leave any answers blank
- Please attach the following documents with the referral
  1. Valid ID
  2. Proof of benefit award
  3. Proof of National Insurance number
  4. Three months most recent bank statements
- We aim to respond to all referrals within 48 hours

\*Please forward completed referral forms to [referrals@focusedliving.org.uk](mailto:referrals@focusedliving.org.uk)

**Section 1:  
Client Information**

<b>First Name:</b>	<b>Surname:</b>
<b>Date Of Birth: (dd/mm/yy)</b>	
<b>Gender: Male/Female/Other (Please specify)</b>	
<b>Marital Status:</b>	
<b>Nationality:</b>	
<b>Ethnic Origin:</b>	
<b>Present Address:</b>	
<b>Previous Address:</b>	
<b>Telephone:</b>	
<b>Email:</b>	
<b>National Insurance Number:</b>	
<b>Anticipated date of discharge/release if relevant:</b>	

## Section 2: Contact Information

### 2.1 Referrer Details

Name of referrer:

Organisation/Location:

Telephone:

Email:

### 2.2 Next Of Kin Details

Name:

Telephone:

Relation To Client:

### 2.3 Hospital ward (psychiatrist or hospital consultant) - *If applicable*

Name:

Organisation/Hospital:

Telephone:

### 2.4 Social Worker or Community Psychiatric Nurse - *If applicable*

Name:

Organisation:

Telephone:

### 2.5 Probation Officer Details

Name:

Address:

Telephone:

Email:

## Section 3: Medical & Psychiatric Details

### 3.1 Medical Details

**Has the client been diagnosed with any medical conditions?**  
*Please Provide details*

**Existing related symptoms:**  
*Please Provide details*

### 3.2 Mental Health

**Has the client been diagnosed with a mental health condition?**

**Medication on discharge/diagnosis:**

### 3.3 Substance Misuse & Behavioural

**Recreational Drugs:**  
*Please give full details*

**Period of abstinence if applicable:**

**Alcohol Misuse:**  
*Please give full details*

**Period of abstinence if applicable:**

<p><b>Behavioural Problems:</b> <i>Please give full details</i></p>	
<p><b>Any relevant additional information:</b> <i>Please disclose any information that will be relevant to any care support and supervision provided</i></p>	
<p><b>Section 4: Needs &amp; Risk Assessments</b></p>	
<p><b>4.1 Needs and Risks</b></p>	
<p><b>Do you believe your clients support needs to be low, medium, or high?</b> <i>Please give details</i></p>	
<p><b>Social interaction</b></p> <p><b>Does the client have any problems in any areas?</b> <i>Please give details</i></p>	

<p><b>Describe any problems encountered by the client with daily living activities:</b>  <i>E.g. cooking, cleaning, taking medication, going out, and using public transport, laundry, and shopping, budgeting, personal hygiene.</i></p>	
<p><b>Risks</b>  <i>Please give details of risks regarding any of the above that need to be taken into consideration:</i></p>	
<p><b>4.2 Offending History</b></p>	
<p><b>Please provide a full offending history &amp; risk assessment if applicable:</b></p>	

## Section 5: Income, Benefits and Savings

### 5.1 Income

<b>Is the client currently receiving work related income?</b> <i>Please give details on employer and average monthly income</i>	<b>Employer</b>	
	<b>Monthly Pay</b>	
<b>Benefits:</b> <i>Please state the amount and how often it's payed</i>	<b>UC</b>	
	<b>JSA</b>	
	<b>ESA</b>	
	<b>PIP</b>	

### 5.2 Savings

<b>Savings:</b> <i>Please state the amount</i>	<b>Bank</b>	
	<b>Building Society</b>	
	<b>Post Office</b>	