



GNFC freedom2live Referral Form

Please use this referral form to refer individuals to the freedom2live Residential Recovery programme, you can contact us with any queries. For other GNFC services, you can contact us on 01298 24761 or use the appropriate form on our website at www.gnfc.org.uk.

Please give as much information as possible, using the additional information section if necessary.

Applicant Details: Name: _____ Date of birth: _____ Address _____ _____ Postcode: _____ Nationality _____ Contact number: _____	Referral made to <input type="checkbox"/> freedom2live Recovery <input type="checkbox"/> Other _____
	Date of initial enquiry: _____
	Started Recovery programme on: _____
	Completed programme on: _____
	<div style="text-align: center; font-size: 2em; opacity: 0.5;">FOR OFFICE USE ONLY</div>

Source of referral: Self referral Agency _____

For agencies: Name of referrer: _____ Contact Number: _____

Details of the reason for the referral:

Details of substance/alcohol misuse

What substances does the individual use? _____

Describe current pattern of use (pattern, amounts, frequency etc) _____

Describe substance misuse history (length, pattern, amounts etc) _____

History of withdrawal symptoms and previous problems _____

Current plan for detox _____

Previous interventions (eg residential/community detox) _____

Medical information

Current medication (please include names and dose) _____

Controlled medication (also include plan of reduction) _____

Is, or could your client be pregnant? _____ If yes, what is the expected date of delivery? _____



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Mental Health

Is there a history of mental health difficulties? (please include what and the duration) _____

How does this impact on their daily life? _____

Has the client ever self-harmed or seriously neglected themselves? _____

Has your client had an enduring mental health problem that was unable to be stabilised by medication alone?

Has the client ever been suicidal? _____

Social History

Has the individual being referred experience of:	Current	Previous history	No history	Unknown
Lived/living in a refuge/supported accommodation?				
Victim of Domestic violence				
Demonstrate any form of abusive behaviour				
Criminal behaviour/convictions (provide information regarding probation, restrictions and court proceedings)				
Have a disability				
Other _____				

If the individual being referred has experienced any of the above, or if you have other relevant information, expand on this below:

Are there meetings arranged regarding the individual that GNFC should attend? If so, when?



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Children/Dependants:

Child's name	Date of birth	Gender	Nursery/School

Do the individual's children currently live with their mother? Yes No

If the individual is accepted onto the programme, Is it hoped that the individual's children could also stay in the Recovery Centre?

Details of other parent/carers relevant to the care of the child/ren (if more than one, please indicate this in the section for 'additional information')

Name and Relationship	Date of Birth	Address

Safeguarding Children

Please complete if the child/ren will be living with their mother.

Is/are they child/ren subject to a: Child protection plan Child in need plan Court orders

If yes, please provide further details:

Marital Status

- Single Married Civil Partnership Widowed
 Divorced Separated Co-habiting

Employment Status of Applicant

- Receiving ESA Receiving Income Support Receiving JSA Receiving Incapacity
 Part Time Work Full Time Work Other: _____

Ethnicity

- White British Black African Indian Pakistani Caribbean Chinese
 Mixed _____ Other: _____ Unknown



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Name of Next of Kin:	Address	Contact number	Relationship

Professionals involved:

Agency	Name	Contact details

Additional information

PLEASE INFORM YOUR CLIENT THAT WE MAY REQUEST PERMISSION TO VIEW ANY PREVIOUS CONVICTIONS, HOWEVER, *Previous offences of any nature will not automatically exclude a client and each case will be reviewed individually through an assessment of risk.*

Referral completed by _____ Date: _____

Please remember that attending GNFC Premises intoxicated may result in the assessment being cancelled.

GNFC Staff member taking/reviewing referral: _____

Action following referral: **Referral accepted** **Referral declined**

For accepted referrals, allocated keyworker is: _____

If a referral is declined, please state why: _____

CLIENT SIGNATURE: _____ **Date:** _____

GNFC KEY WORKER SIGNATURE: _____ **Date:** _____

GNFC RECOVERY MANAGER SIGNATURE: _____ **Date:** _____