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| **GOOD NEWS FAMILY CARE INITIAL REFERRAL FORM**  Please send this form to [mail@gnfc.org.uk](mailto:mail@gnfc.org.uk) or post to Charis House, Hardwick Square East, Buxton, SK17 6PT | | | | | | | | | | | | | | | | |
| **Residential Recovery Centre** | | **Residential Family Centre** | | | | | | **Community Drop-in groups** | | | | | | | **Work-skills Projects** | |
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| **Applicant Details** | | | | | | | | | | | | | | | | |
| Name of individual being referred: | | | | | | | | | | Date of referral: | | | | | | |
| Address: | | | | | | | | | | | | | | | | |
| Date of birth: | Contact number/s: | | | | | | | | | | | | | NI Number: | | |
| Name of other family members included in this referral | | | | | | Date of birth | | | | Gender | | | School/Nursery | | | |
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| Name of partner/father to children: | | | | | | Address: | | | | | | | | | Is there DV with this individual? | |
| Next of Kin: | | | | | | Relationship: | | | | | | | | | Contact number: | |
| **Referral Information –** please add additional information on the reverse of this page if necessary | | | | | | | | | | | | | | | | |
| Reason for referral and details of what the applicant needs support with: | | | | | | | | | | | | | | | | |
| **Has the individual experienced:** | | | **Current** | | **Previous** | | **No history** | | **Unknown** | | **Further Information** | | | | | |
| Domestic violence | | |  | |  | |  | |  | |  | | | | | |
| Drug misuse difficulties | | |  | |  | |  | |  | |
| Alcohol misuse | | |  | |  | |  | |  | |
| Mental health issues | | |  | |  | |  | |  | |
| Self-harm | | |  | |  | |  | |  | |
| Refuge/supported accommodation | | |  | |  | |  | |  | |
| Medical issues | | |  | |  | |  | |  | |
| Have a disability | | |  | |  | |  | |  | |
| Criminal behaviour | | |  | |  | |  | |  | |
| Please give details of current medication: | | | | | | | | | | | | | | | | |
| Is/are the child/ren subject to a:⬜Child in need plan⬜Child protection plan ⬜ Court order  If yes, please provide further details:  Please give details regarding any safeguarding issues: | | | | | | | | | | | | | | | | |
| Please include any additional information relevant to this referral, you made use a second page if necessary. | | | | | | | | | | | | | | | | |
| **Professionals involved: Name** | | | | **Agency** | | | | | | | | | | **Contact details** | | |
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| **Name of referrer:** | | | | **Contact Number:** | | | | | | | | Agency: | | | | Self-referral |
| *The referring agency agrees to underwrite the funding of this referral, including services, food, rent etc. should the individual fail to pay or prove to be ineligible for benefits ie Housing benefit, or if additional care components are required for which funding is unavailable.* | | | | | | | | | | | | | | **Signed:**  **Date:** | | |

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| Recovery Referral: Part 2 |
| REASON FOR THE REFERRAL: Details of substance/alcohol misuse |
| What substances does the individual use? Please 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): |

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| Medical information | | |
| Please state relevant medical conditions and the impact they have on daily life: | | |
| Current and relevant previous medication (include names and dose): | | |
| Controlled medication (include plan of reduction): | | |
| Is, or could the individual be pregnant?  Yes  No If yes, what is the expected date of delivery?  If yes, please include additional information in safeguarding section regarding the unborn baby. | | |
| Mental Health | | |
| Is there a history of mental health difficulties? (include what and the duration, and state relevant current/previous medication): | | |
| Current and relevant previous medication, include names and dose: | | |
| Where there are mental health difficulties, how does this impact on daily life? | | |
| Is there a history of self-harm or serious self-neglect? | | |
| Has the individual had an enduring mental health issue that was unable to be stabilised by medication alone? If yes, please explain: | | |
| Has the individual ever been suicidal? If yes, please state when and details: | | |
| Children/Dependants | | |
| Do the individual’s children currently live with their mother? Yes No  N/A  If accepted onto the programme, is it hoped that the individual’s children could stay in the Recovery Centre?  Yes  No  Is there anything that GNFC staff should be aware of for children who would be resident eg. medical or behavioural difficulties?  Does the mother have any concerns regarding the child/children?  If applicable, please provide additional safeguarding details, including dates of meetings. | | |
| Social History | | |
| Expand on information regarding history of:  Living in a refuge/supported accommodation/recovery centre  Domestic abuse  Abusive behaviour  Criminal behaviour or convictions (including probation, restrictions and court proceedings)  Disability | | |
| Are there meetings arranged regarding the individual that GNFC should attend? If so, when? | | |
| Social status | | |
| **Marital Status**  Single  Married  Divorced  Separated  Co-habiting  Other: | | |
| **Ethnicity**  British  Indian  Pakistani  Caribbean  Chinese  Black African  Mixed:  Other:  Unknown | | |
| **Employment Status:**   Part-time work  Full-time work  Unemployed | | |
| **Income**  Employment  Universal Credit  ESA  DLA/PIP  JSA  DLA/PIP  Other: | | |
| **Please comment on the individual's religion/spirituality:** | | |
| **Please comment on hobbies, interests, skills and education of the individual:** | | |
| **Professional Involvement** | | |
| **Name** | **Agency** | **Contact Details** |
| **GP:** |  |  |
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| **Additional Information:** | | |

Action from referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member of staff receiving referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ⬜ **Referral accepted** ⬜ **Referral declined**