**Herts Help Referral**

**Date:**

**Name/role of referrer:**

**Referring organisation:**

**Contact details (please specify if you should be contacted instead of/before client):**

**Return To:**

**info@hertshelp.net**

**Tel: 0300 123 4044**

**Fax: 0300 456 2365**

|  |  |
| --- | --- |
| **Client Name:**  | **Date of Birth:**  |
| **Client Address:****Client telephone number:****Address registered for benefits (if different from above):****NI number:**  |
| **Does the service user consider themselves to have;****Any communication needs Yes**[ ]  **No** [ ] **Need for a translator / interpreter? Yes**[ ]  **No** [ ] **If Yes, which language?** |
| **Does the client have an identified carer? Yes** [ ]  **No** [ ] **Name of carer (please specify if they should be contacted instead of/before client):****Relationship to client:****Contact telephone number(s):****Email:** |
| **Is the client in receipt of benefits Yes** [ ]  **No** [ ] **If yes please state which:** **Has the client applied for a budgeting loan? Yes** [ ]  **No** [ ] **Does the client have recourse to public funds? Yes** [ ]  **No** [ ] **Please describe the type of support client requires:** |
| **Has the client given permission for the referral? Yes** [ ]  **No** [ ] **Has client consented to a home visit? Yes** [ ]  **No** [ ] **Are they a carer? Yes** [ ]  **No** [ ]  |
| **Are there any identified risks or safeguarding concerns? Yes** [ ]  **No** [ ] **If yes please provide details:** |
| **Does client have a key safe fitted Yes** [ ]  **No** [ ] **Are there any other relevant details with regards to access to the property?** |

**Client Monitoring Information – Please tick all that apply**

**Ethnicity:**

White Asian or Asian British

British [ ]  Indian [ ]

Irish [ ]  Pakistani [ ]

Gypsy/Traveller [ ]  Bangladeshi [ ]

Any other White background [ ]  Any other Asian background [ ]

Mixed Heritage Black or Black British Black or Black British

White and Black Caribbean [ ]  Caribbean [ ]  White and Black African [ ]  African[ ]

White and Asian [ ]  Any other Black background [ ]

Any other Mixed Heritage[ ]

 Any other please specify Any other, please specify:

Chinese or other ethnic group

Chinese[ ]  ………………………………………..

Other [ ]

**Gender:** Male [ ]  Female[ ]

**Sexual Orientation:** Heterosexual [ ]  Gay male [ ]  Lesbian[ ]  Bisexual [ ]  Other [ ]

**Religion:** No religion [ ]  Christian [ ]  Buddhist [ ]  Muslim [ ]  Hindu [ ]

 Jewish[ ]  Sikh [ ]

**Client groups:**

Acquired brain injury [ ]  Mental Health - Older Peoples' [ ]

Autistic Spectrum Disorder [ ]  Multiple disability [ ]

Carers [ ]  Older Person [ ]

Dependant child (under 18) [ ]  Physical Disabilities [ ]

Dementia [ ]  Prisoner [ ]

Detained under Mental Health Act [ ]  Sensory disabilities – visual [ ]

HIV/ Aids [ ]  Sensory disabilities – auditory [ ]

Learning disabilities/difficulty [ ]  Sensory impairment - learning [ ]

Long term illness/condition [ ]  Stroke [ ]

Mental health condition [ ]  Substance misuse [ ]