**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**](mailto: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