|  |  |  |  |
| --- | --- | --- | --- |
| Date | Referred by | Agency  | Contact Details  |
|  |  |  |  |
| Service area required  | Domestic Abuse Floating Support |  | Domestic Abuse Floating Support Black Minority Ethnic Refugee |  | Young Persons Domestic Abuse Support |  |
| Group Work |  | Post CSE support: Project Survive  |  | Counselling |  |
| Client details | Name/AKA | DOB & age | Gender identity: |
|  |  |  |
| Address | Safe to write? | Alternative address  | Safe to write? |
|  | Y / N |  | Y / N |
| Telephone |  | Describe relationship and living arrangements (e.g. on/off; client lives at mum’s/(ex) partner stays over occasionally etc.) |
| Mobile |  |
|  |
| Safe telephone / mobile |  |
| Drug / alcohol / mental health issues / diagnosis / treatment |
| Code word/safe time to call |  |
|  |
| Other useful tel no. (e.g. family members / colleague / friend) |  |
| Disability / literacy or numeracy difficulties |
| Ethnicity |  |  |
| Religion |  |
| Language(s) spoken |  | Describe employment (e.g. occupation / unemployed / in training or education / financial status / benefits). Include addresses & contacts) |
| Translator required? |  Y / N |
|  |
| Immigration status and any concerns |  |
| Sexual orientation |  |
| Brief description of why client requires Rotherham Rise support  |
|  |
| Support need  |  | Support need  |  |
| Risk Assessment & Safety Planning |  | Emotional Support |  |
| Housing |  | Understanding of impact of DA |  |
| Benefits  |  | Group Work  |  |
| Debts |  | Access to language line/interpreter |  |
| Family Support |  | Other |  |
| **Perpetrator -Partner / ex-partner / family member details** | Name/AKA | DOB & age | Gender identity |
|  |  |  |
| Address | Drug / alcohol / mental health issues / diagnosis / treatment |
|  |  |
| Disability / literacy or numeracy difficulties |
| Ethnicity |  |  |
| Religion |  |
| Languages spoken |  |
| Describe employment (e.g. unemployed / benefits / occupation /address/ work contacts |
| Translator required? |  Y / N |
|  |
| Immigration issues and any concerns |  |
| Any Injunctions or orders? |  | Other relevant information |
|  |

|  |
| --- |
| SIGNIFICANT CONCERNS FLAG (e.g. staff safety issues / serial or repeat perpetrator /suitable times to call client / suicide or self-harm concerns / MARAC case) |
|  |
| **Children’s details** | Gender | DOB / age | Is (ex-) partner parent of child / unborn baby? (if not, state who parent is) | Does (ex) partner have PR? | School |
| Name | M / F |  |  | Y / N |  |
|  | M / F |  |  | Y / N |  |
|  | M / F |  |  | Y / N |  |
| Is the client pregnant? |  Y / N | Due date |  |
| Living arrangements and address (if different to client details above) |  |
| CYPS involvement |  Y / N |
| Describe involvement |  |
| Flag significant concerns regarding children |  |
| Rotherham Rise will require written or verbal consent to contact any support agencies involved prior to accepting the referral.  |
| I (Service user’s name) give permission to Rotherham Rise to contact appropriate agencies to enable them to assess my suitability for the service.Signed: (Service user) Date: Verbal consent given. Signed Referrer: Date:  |
|  **Return completed form : Secure Email:** **outreach.rwr@rothwr.cjsm.net** **Email:** enquiries@rotherhamrise.org.uk |