|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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**](mailto:outreach.rwr@rothwr.cjsm.net) **Email:** enquiries@rotherhamrise.org.uk | | | | | | | |