

Referral for Support

Personal Details							
Applicant Full Name:							
Title: e.g. Mr, Mrs etc				Gender: e.g. Male / Female			
Also Known As:				Date of Birth:			
Contact Address of Applicant:							
		Postcode:					
Main Phone Number(s):							
Email Address:							
Preferred methods of contact: e.g. email/ text/ phone call							
Current Accommodation Type							
LA/HA Tenancy		Private Tenancy		Owner Occupied		With Family/Friends	Supported Housing
B&B/Homeless		Hostel/Refuge		Hospital		Other:	

Health and Support:	
Please tell us your mental health diagnosis or provide a brief description of your mental health issues.	
Please tell us about any physical health problems, if you have any.	
Please tell us about any risks that we might need to be aware of to ensure we provide the best support e.g. risk to self, risk to others.	(If you have an existing risk assessment please attach it with this application)

*** TO MEET DEMAND FOR OUR SERVICES PLEASE INDICATE WHICH ONE OF THE TWO SERVICES IS YOUR PRIORITY AT THIS TIME ***

Community Housing Support Service (CHS)

One to One support if you are at risk of losing your tenancy or independence as a result of poor mental health.

Recovery & Social Inclusion Service (RSI):

One to One support for people who are isolated and unsure how best to take their first steps towards engaging with their local communities.

Please tell us about the housing or social inclusion problems you are experiencing:

Once a referral has been received for one of our services, e.g. CHS, a second referral would not be needed if a transfer of your support was required to e.g. RSI.

Signatures and Referrer Information

Client Signature:

Date:

If Self Referral please tick and state where you heard about Richmond Fellowship:

Referrer Signature:

I confirm that I have discussed this referral with my client and I have their permission to submit it to Richmond Fellowship

Date:

Referrer Name:

Address:

Telephone:

Email:

Please return to: Richmond Fellowship, Office H, Unit 1A, Bath Road Business Centre, Bath Road, Devizes SN10 1XA.

Email: wiltshirereferrals@richmondfellowship.org.uk. Tel: 01380 724833