



REFERRAL FORM – COVENTRY & WARWICKSHIRE SERVICES

Coventry Supported Accommodation Service: Tel: 024 76228099
 Fax: 024 76221899, Oakwood House, Cheylesmore, Coventry, CV1 2HL
 Email referrals: referrals@coventrycyrenians.org

Stratford Temporary Accommodation Service: Tel/Fax: 01789 290956
 24 Clopton Road, Stratford-upon-Avon, CV37 6SH
 Email referrals: StratfordScheme@coventrycyrenians.org

This form is to be used if you or a client you are working with wish to be considered for Cyrenians Supported Accommodation in Coventry and Warwickshire. Please complete this form and send it to the team as detailed above. Alternatively a referral can be made over the telephone by calling any of the above numbers. We can provide you with service leaflets and you can also visit our website at www.coventrycyrenians.co.uk for further details. At times we do have a waiting list and any client being placed on the waiting list will be informed of this.

Name of Referring Agency	
Name of Worker Making Referral	
Agency Contact Number	
Date of Referral	

Client Details *(the person needing a service)*

Full Name	D.O.B & Age
Financial Status (including whether the client is entitled to public funds)	NI No
Tel No:	Gender:
Email address:	Client number:
Previous Contact with Cyrenians, which service & when?	
Current Address: including housing status (e.g. tenant, living with family, friends etc) and for how long. If the client has no current address please give a "Care of" address where information can be sent to	
Landlord's Name and Contact Details	

Please explain why the client requires Cyrenians supported accommodation (Coventry); or the temporary accommodation service (Stratford)

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Current Accommodation *(Please tick one option that best describes the accommodation)*

Rough Sleeping	
Sofa Surfing	
Prison	
Temporary Accommodation (e.g. B&B, NASS)	
Supported Housing (e.g. Salvation Army, Doorway, Stonham etc)	
With family or friends	
Social Landlord	
Private Tenancy	
Owned Property	
Other – please specify	

Current Circumstances *(Please tick one option that best describes the circumstances)*

No accommodation (rough sleeping, sofa surfing etc)	
Escaping violence or harassment	
Accommodation uninhabitable (e.g. serious health and safety concerns, fire damage)	
Threatened with homelessness within 28 days	
Leaving prison	
Statutory Bail Condition (e.g. area)	
Relationship breakdown	
Accommodation unsuitable (e.g. overcrowding, cannot cope)	
Support needed to sustain tenancy	
Need to move closer to family/support	
Any further information on client's circumstances	

What issues does the client need support with? (tick as many as apply)

	Tick box		Tick box
Housing		Anti-Social Behaviour	
Drugs		Learning Difficulties	
Alcohol		Refugee	
Mental Health		Developing Domestic Skills	
Self-Harm		Access to Training/Education	
Physical Health		Literacy	
Debts/Budgeting		Community Involvement	
Gambling		Claiming Benefits	
Sex Work		Developing Social Skills	
Offending Behaviour		Access to Work	
Domestic Violence		Other – state what	

Further Information on Support Needs, including any requirements such as religious or cultural needs, need for a translation service.

If translation service required please state language _____

Are there any mental or physical health issues that should be taken into account?

Name of GP/CPN

Tel No:

Address

Details of any prescribed/un-prescribed medication?

Are you aware of any risk factors that should be taken into account as part of this referral, e.g. convictions/offending history, self-harm, attempted suicide or risk from others? Continue on a separate sheet if necessary.

Are any other agencies involved with the client? Please state the name of the agency, the name of the worker and their contact number

Any other information that will help in assessing the client?

Signed (Client)	Date of Application
Signed (Referring Worker)	Date of Referral
Name of Cyrenians Worker Completing Form (when applies)	Date of Referral

Date Assessment Booked (Cyrenians Staff to Complete)