



# Referral Form

Sussex Emmaus is a non-religious organisation which offers a home and meaningful work for as long as someone needs it.

At an Emmaus Community, the majority of Companions (residents) are formerly homeless men and women who live and work together in a supportive environment. Everyone in an Emmaus Community has a role to fill and contributes to the well-being of the Community. Companions often credit Emmaus as the turning point in their lives.

To join a Community, Companions sign off unemployment benefits. Companions volunteer full time in one of our social enterprises. In return Companions receive accommodation, food, clothing, and a weekly allowance.

Companions live by a few simple rules: all work to the best of their abilities, no alcohol/substances within the Community, respect and help others.

Applicants Details	
Name	
Date of birth	
National Insurance Number	
Mobile	
Address/Sleep site	

Organisation's contact details (if applicable)	
Name	
Organisation	
email	

<b>Next of kin, name</b>	
<b>Contact details</b>	

<b>Are you eligible for housing benefit</b>	
<b>Are you eligible to work in the UK</b>	
<b>Do you have a bank account? Y/N</b>	

**Current situation**

Please describe in your own words your present situation and how you think Emmaus could help.

**Skills and qualifications, your most recent job and/or what you enjoy doing. What are your goals for the future?**

**Five Year Address history**

Address	Type of accommodation	Start date	End date	Reason for ending

**Have you ever lived at an Emmaus Community before?**

Community Name	1.
	2.
	3.

**Please give details of organisations and people who have supported you recently.**

Name	Contact details	How they helped

**Physical health**

Do you have any physical health issues? If yes, please give details below – please include - diagnosis and date, treatment and are you able to self-medicate

Yes

No

Do you have any physical disability? If yes, please give details below, including accessibility requirements

Yes

No

Do you have any allergies? If yes, please give details below, including severity, treatment and is the applicant able to self-medicate?

Yes

No

Do you have any special dietary needs? If yes, please give details below

Yes

No

**Please list any current medication below**

Name of medication

Dosage

Side effects

Can you climb stairs?

Yes

Are you fit enough to work a five-day week in Emmaus?

Yes

Mental Health				
Do you have any mental health issues			Yes	No
Please indicate the nature of these issues – <i>tick any relevant boxes</i>				
Depression		Schizophrenia		
Hearing Voices		Psychosis		
Post-Traumatic Stress Disorder		Self-harm		
Anger problems/violence to self or others		Suicide attempts		
Diagnosed personality disorder		Paranoia		
Please give details of any known trigger(s) for episodes of the above:				
Please give details of any medication:				
Name	Dosage	Side effects		
Please give details of any mental health services you are engaged with				
Contact name	Service	Phone no.	Address	

**Drug Use – Please provide the following information**

Please tick any drug/substance that you have used or currently use:

	Age started	Length of use and frequency	Length of time clean
I have never used drugs			
Cannabis – in any form			
Mephedrone			
Cocaine			
Magic Mushrooms			
Crack			
Heroin			
LSD			
Ecstasy or other MDMA variant			
Amphetamines			
Ketamine			
Magic mushrooms			
NPS legal highs			
Other, please specify			

**Previous treatment for drug use**

Treatment received?	Agency	From	To

**Alcohol Use**

How many units of alcohol do you drink?

Daily		Weekly		Monthly		Rarely	
Approx. Units		Approx. Units		Approx. Units		Tick if you only drink rarely	

What alcohol do you drink?

--

Has alcohol ever caused any of the following problems in your life?

Relationship breakdown		Victim of violence	
Debt		Aggression	
Eviction		Hospital admission	
Loss of Job		Cirrhosis	
Crime committed		Pancreatitis	

Other – please specify

Have you ever sought or been advised to seek help for alcohol abuse?	Yes	No
--	-----	----

Previous treatment for alcohol use			
Treatment received	Agency	From	To
Current treatment for alcohol use			
Treatment being undertaken	Agency	From	To

Emmaus expects that people who have a history of alcohol abuse will be prepared to address this problem, we can signpost you to organisations that can help. Emmaus expects that people who return to a Community after drinking will go straight to their room; failure to do so might result in being asked to leave the community and a ban from all communities. Companions can be breathalysed and will not be permitted to attend their voluntary task if under the influence.

Do you have any history of disengaging with treatment services? Please give us reasons why below:

Gambling History			
Have you gambled in the past?		Yes	No
Did you receive any help/support to abstain from gambling?		Yes	No
Who by?			
Has gambling ever caused any of the following problems in your life? Please tick			
Relationship breakdown		Victim of violence	
Debt		Offending	
Eviction		Mental Health issues	
Crime committed		Other, please specify	

<b>Offending History</b>		
Had involvement with the CJS	Yes	No
Reprimands, warnings, cautions	Yes	No
Community Orders	Yes	No
Involvement with Probation	Yes	No
Currently with probation	Yes	No
Outstanding court appearances/warrants	Yes	No
Involvement with Youth Justice	Yes	No
Criminal conviction	Yes	No
Arson	Yes	No
Violent offence	Yes	No
Sexual offences/named on Sex Offenders Register	Yes	No
Been subject to MAPPA ever	Yes	No
Been on licence ever	Yes	No
Served a prison sentence	Yes	No
Please give details of all criminal convictions:		
Please give details of probation officer, if applicable		
Name:		
Probation Office:		
Contact details:		

<b>Financial History</b>			
Do you have Assets/Savings? Y/N			
Do you have debts? Y/N			
Amount owed		To whom	



**Confidentiality**

Sussex Emmaus respects your confidentiality, any information provided will only be used to assist in the risk assessment, needs assessment and selection processes needed to comply with our admission policy, a copy of which is available on request. This information will be kept secure in accordance with the data Protection Act 2018, it will only be stored for as long as needed and not be seen by anyone who is not involved in the above process.

**Consent Disclosure**

**I agree that the information provided is true and correct. I acknowledge that by giving information which I know to be false may risk of my licence to occupy being withdrawn.**

*If your referral is being returned via email please note that once the above sections have been completed, **page 9 should be printed, signed, scanned, and returned with the completed referral.** Please retain the original, should it be required in the future. If you are unable to print, then the document can be signed if you are invited to visit the community.*

I give my consent under the Data Protection Act 2018 for Sussex Emmaus to contact any relevant agencies to gather information that will process my referral for accommodation, in the best interests of myself and the Emmaus Community. It is understood that this may also include checks with the Police.

Sign: (Applicant) .....

Sign: (On behalf of Referral Agency) .....

Date: .....