



emmaus
Brighton & Hove
working together to end homelessness

Referral Form

All information provided will be treated with respect and will be held in strictest confidence, subject to the Data Protection Act 1998 and the Emmaus Data Protection Policy (available on request). All information will be secured in lockable cabinets. Access to this is restricted, although the applicant may view their own file upon request.

Emmaus Brighton & Hove

Emmaus is a non-religious organisation which offers a home, a job, a purpose. Emmaus helps individuals build new lives. Companions (as residents are known) often credit Emmaus as the turning point in their lives.

At an Emmaus Community, the majority of Companions 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 and participate in Community life.

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 small weekly allowance.

The Emmaus story is really the story of its Companions. The reasons for their homelessness vary – relationship breakdown, substance abuse, poverty, to name just a few – whatever their history, all Companions share a drive and a desire for a fresh start. At Emmaus they get the chance to learn new skills, discover hidden talents, and develop new friendships.

There is no limit to how long people can stay. Some stay just long enough to get back on their feet; others stay long-term. Companions live by a few simple rules: All work to the best of their abilities. No alcohol within the Community. No illegal drugs. No violence. We will if necessary undertake regular testing for alcohol and illegal drugs including legal highs.

Referral Form

| | | |
|---|-----------------|--------------------|
| Referrer: <i>(If self, write "self")</i> | Contact Number: | Office: Mobile: |
|---|-----------------|--------------------|

| Personal Details | | | |
|----------------------------|---|-----|---------|
| Names of Client/Applicant: | | | Gender: |
| Date of birth: | National insurance number: | | |
| Next of Kin: | Email address: | | |
| Contact number: | | | |
| Country of origin: | Are you eligible for housing benefit? | yes | |
| | <i>If you answered no, please give details:</i> | | |

| Current housing situation | | | |
|---|-------------------------------|-------------------------------|--|
| Sleeping rough: | Social housing: | Private rent: | |
| Hostel: | Facing eviction: | If so, when is your eviction? | |
| Sofa surfing: | Long stay hospital: | Family home: | |
| Prison: | Other <i>(give details)</i> : | | |
| Where are you currently located – <i>address/site/town</i> | | | |
| Skills and Qualifications – <i>briefly tell us about your most recent job, your skills, what you enjoy doing and your ambitions for the future.</i> | | | |

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Five-year housing history

| Start date | End date | Address | Type of accommodation | Reason for ending |
|------------|----------|---------|-----------------------|-------------------|
| | | | | |
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| | | | | |
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Has the applicant ever lived in an Emmaus Community?

| Community | From | To | Reason for leaving |
|-----------|------|----|--------------------|
| | | | |
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Please give any other support workers/organisations currently helping you with your accommodation needs

| | |
|-----------------|--|
| Support worker: | |
| Organisation: | |

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|---------------|--|
| Address: | |
| Phone number: | |
| Email: | |

| Physical health | | |
|---|--------|--------------|
| Does the applicant have any physical health issues? If yes, please give details below – please include - diagnosis and date, treatment and is the applicant able to self-medicate | Yes | No |
| | | |
| Does the applicant have any physical disability? If yes, please give details below, including accessibility requirements | Yes | No |
| | | |
| Does the applicant have any allergies? If yes, please give details below, including severity, treatment and is the applicant able to self-medicate? | Yes | No |
| | | |
| Does the applicant 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 the applicant climb stairs? | | Yes |
| Is the applicant fit enough to work a five-day week in Emmaus? | | Yes |

| Mental Health | | | | |
|---|---------|------------------|---------|----|
| Does the applicant 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 mental health services applicant is engaged with | | | | |
| Contact name | Service | Phone number | Address | |
| | | | | |
| | | | | |
| | | | | |
| Name of medication | Dosage | Side effects | | |
| | | | | |
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| Does the applicant have any history of disengaging with staff and/or treatment when suffering any of the above? <i>Please give details below</i> | | | | |

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| Drug Use |
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Please tick any drug/substance that you have used either recreationally that has been problematic – *space has been left for you to fill in any drug/substance that is not listed*

| | | | |
|-------------------------------|--|-------------------------------|--|
| Cannabis – in any form | | Mephedrone | |
| Cocaine | | I never used any drugs | |
| Magic Mushrooms | | | |
| Crack | | | |
| Heroin | | | |
| LSD | | | |
| Ecstasy or other MDMA variant | | | |
| Amphetamines | | | |
| Ketamine | | | |

Please tick any drug/substance that has been problematic that you have used regularly

| | Age Started | Length and frequency of use | Length of time clean |
|--------------------------------|-------------|-----------------------------|----------------------|
| Cannabis – <i>in any form</i> | | | |
| Cocaine | | | |
| Crack | | | |
| Heroin | | | |
| LSD | | | |
| Ecstasy, MDMA or other variant | | | |
| Amphetamines | | | |
| Ketamine | | | |
| Mephedrone | | | |
| Magic Mushrooms | | | |
| NPS “Legal Highs” | | | |
| | | | |

Previous treatment for drug use

| Treatment received? | Agency | From | To |
|--------------------------------|--------|------|----|
| | | | |
| | | | |
| Current treatment for drug use | | | |

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| Treatment being undertaken? | Agency | From | To |
|-----------------------------|--------|------|----|
| | | | |
| | | | |

Any known triggers for drug use or relapse?

Emmaus has a zero tolerance towards policy towards illegal, "legal high" and recreational drug use. Use of any such substance whilst a member of a Community can result in being asked to leave the Community and a possible ban from all Communities

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 |
|----------------------------|--------|------|----|
| | | | |
| | | | |

Do you have any triggers for binge drinking/excessive alcohol use? – *please give details*

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|---|-----|----|
| Do you have a family history of alcohol abuse? – <i>if yes, please give details below</i> | Yes | No |
| <p>Emmaus expects that people who have a history of alcohol abuse will be prepared to address this problem, and will work with them to do so. 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.</p> | | |

| 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? | | | |
| Relationship breakdown | | Victim of violence | |
| Debt | | Offending | |
| Eviction | | Mental Health problems | |
| Crime committed | | | |
| Other – <i>please specify</i> | | | |

| Offending History | | |
|--|-----|----|
| Criminal convictions – <i>if yes, please give details of ALL conviction history</i> | Yes | No |
| <p>Probation orders – <i>if yes, give details including Probation Office and named Officer</i></p> | | |
| <p>Outstanding court appearances/warrants – <i>if yes, please give details</i></p> | | |
| Cautions – <i>if yes, please give details</i> | Yes | No |
| No | | |
| Arson (<i>that may or may not have resulted in a criminal conviction</i>) - <i>if yes, please give details</i> | Yes | No |
| <p>Violence (<i>that may or may not have resulted in a criminal conviction</i>) - <i>if yes, please give details</i></p> | | |

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|--|-----|----|
| Sexual offences/named on Sex Offenders Register – <i>if yes, please give details</i> | Yes | No |
| | | |
| | | |

Financial History

| | | | |
|-----------------|----------|---------|------------|
| Assets/Savings | | | |
| Bank account(s) | | | |
| Debts | | | |
| Amount owed | For what | To whom | Since year |
| | | | |
| | | | |
| | | | |

Confidentiality

Emmaus Brighton & Hove 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 and only for as long as needed and not be seen by anyone who is not involved in the above process.

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

Referees

Please give **two** referees who have either worked with you in the recent past or who are working with you currently, e.g. probation officer, support agency worker, (former) employer, volunteer coordinator.

| | | | |
|------|--|--------------|--|
| Name | | Relationship | |
|------|--|--------------|--|

Contact details – *please include, mobile and office numbers, email and business address*

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

| | | | |
|------|--|--------------|--|
| Name | | Relationship | |
|------|--|--------------|--|

Contact details – *please include, mobile and office numbers, email and business address*

Consent Disclosure

*If your referral is being returned via email please note that once this section has been completed, **pages 8 and 9 should be printed, signed, scanned, and returned with the completed referral.** Please retain the original, should it be required in the future.*

Date

Name

NI number

I give my permission for to disclose my information to Emmaus Brighton & Hove

I give my consent under the Data Protection Act 1998 for Emmaus Brighton & Hove to contact any relevant agencies regarding myself 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)