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.

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| **Applicants Details** | |
| Name, and preferred name |  |
| Date of birth |  |
| Gender identity |  |
| Sexual orientation |  |
| Ethnicity |  |
| Religious beliefs |  |
| First language |  |
| National Insurance Number |  |
| Mobile |  |
| Address/sleep site |  |
| Are you homeless or at risk of homelessness, this includes being insecurely housed e.g. sofa surfing or sleeping in a car. |  |

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| **Organisation’s contact details (if applicable)** | |
| Name |  |
| Organisation |  |
| email |  |

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| **Next of kin, name** |  |
| **Contact details** |  |

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

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| **Current situation** |
| Please describe in your own words your present situation and how living at Emmaus could help. |

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| **Skills and qualifications, your most recent job and/or what you enjoy doing. What are your goals for the future?** |
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| **Five Year Address history** | | | | |
| Address | Type of accommodation | Start date | End date | Reason for ending |
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| Have you ever lived at an Emmaus Community before? | | | | |
| Community Name | 1. | | | |
| 2. | | | |
| 3. | | | |

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| **Please give details of organisations and people who have supported you recently.** | | |
| Name | Contact details | How they helped |
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| **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 |
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| Do you have any physical disability? If yes, please give details below, including accessibility requirements | | | Yes | | No |
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| Do you have any allergies? If yes, please give details below, including severity, treatment and is the applicant able to self-medicate? | | | Yes | | No |
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| Do you have any special dietary needs? If yes, please give details below | | | Yes | | No |
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| Are you neurodivergent? E.g. autism, ADHD | | | | Yes | No |
| Please provide details: | | | | | |
| Please list any current medication below | | | | | |
| Name of medication | Dosage | Side effects | | | |
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| Can you climb stairs? | | | Yes | |  |
| Are you fit enough to work a five-day week in Emmaus? | | | Yes | |  |

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| **Mental Health** | | | | | | | | | | |
| Do you have any mental health issues | | | | | | | | Yes | | No |
| Please indicate the nature of these issues – *tick any relevant boxes* | | | | | | | | | | |
| 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: | | | | | | | | | | |
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| Please give details of any medication: | | | | | | | | | | |
| Name | | | | | Dosage | | Side effects | | | |
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| Please give details of any mental health services you are engaged with | | | | | | | | | | |
| Contact name | Service | | | Phone no. | | Address | | | | |
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| **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 |  |  | |  | |
| NPS legal highs |  |  | |  | |
| Other, please specify |  |  | |  | |
| Previous treatment for drug use | | | | | |
| Treatment received? | Agency | | From | | To |
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| **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? | | | | | | | | | | | | | | |
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| 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 | |
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| Current treatment for alcohol use | | | | | | | | | | | | | | |
| Treatment being undertaken | | | | | | Agency | | | From | | | | To | |
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| 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. | | | | | | | | | | | | | | |

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

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| **Offending History** | | |
| 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: | | |
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| Please give details of probation officer, if applicable | | |
| Name:  Probation Office:  Contact details: | | |

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| **Financial History** | | | |
| Do you have Assets/Savings? Y/N | |  | |
| Do you have debts? Y/N | |  | |
| Amount owed |  | To whom |  |

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| **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. |

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| **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 or other Emmaus communities 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: ……………………………………………………………………………………………………. |