

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, 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.	

Organisation's contact details (if applicable)

Name	
Organisation	
email	

Next of kin, name**Contact details****Are you eligible for housing benefit****Are you eligible to work in the UK****Do you have a bank account? Y/N****Current situation**

Please describe in your own words your present situation and how living at 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
Are you neurodivergent? E.g. autism, ADHD	Yes	No
Please provide details:		
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			
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	

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:		
Please give details of probation officer, if applicable		
Name: Probation Office: Contact details:		

Financial History			
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 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: