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**MAINSTAY REFERRAL FORM**

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| **DIRECT PRESENTATION**  | **Date of referral** |
| **Reason for referral:- Please use the back sheet for more details about support needs.** |  |
| **Surname** |  |
| **Forename** |  |
| **Sex** M🞏 F🞏 | **Date of Birth** |
| **When would you like an assessment?-**  | Today 🞏 Within the week 🞏Specified date 🞏 (Please Specify)  |
| **NI Number-** |
| **Pregnancy/Maternity -**  | Yes 🞏 No 🞏 Don’t Know 🞏 Do not wish to disclose🞏 |
| **Is English your first language?** | Yes 🞏 No 🞏(If No please Specify)  |
| **Do you communicate in English?** | Yes 🞏 No 🞏 |
| **Contact details -** Preferred Contact MethodTel NoFurther Details  | **Further contact details-**Person to contactTel NoAgency Details (if appropriate)  |
| **Current Address (if applicable**)AddressPostcode  Local Authority AreaLiverpool Wirral  Halton  Sefton St Helens  Knowsley Other If Other Please Specify | **Type of accommodation currently occupied** |
| * LA general
* Housing association general
* Private sector tenancy
* Private sector leasing
* Tied housing or rented with job
* Owner occupation (private)
* Owner occupation
* Supported housing
* Direct access hostel
* Women’s refuge
* Foyer
* Housing for older people
* Residential care home
 | * Hospital
* Prison
* Approved Probation hostel
* Children’s home/foster care B&B
* Short life housing Living with family
* Living with friends
* Mobile Home/Caravan
* Any other temp accom
* Home Office/Asylum
* Rough Sleeping

Other (Please specify below)  |
| **Next of Kin-** NameRelationship | AddressPhone Number |
| **Location of last settled accommodation***(if different from above)* | AddressPostcode Local Authority Area |
| **Disability** | * None
* Mobility
* Visual Impairment
* Hearing Impairment
* Progressive disability/Chronic Illness (e.g MS, Cancer)
* Mental Health
 | * Learning Disability
* Autistic Spectrum Condition
* Does not wish to disclose
* Other (Please specify)
 |
| **Economic Status** | * Full-time work (24 hours or more per week)
* Part-time work (less than 24 hours per week)
* Govt training/Work Programme
* Job seeker
* Retired
* Not seeking work
 | * Full-time student
* Unable to work because of long term sickness or disability
* Other Adult (Please specify)
 |
| **Immigration Status** | * UK National
* EEA National
* Leave to Remain
 | * Asylum Seeker
* Study/Work visa
 |
| **Ethnicity** | **White** * British
* Irish
* Other
 | **Mixed*** White & Black Caribbean
* White & Black
* White & Asian
* Other
 | **Asian or Asian British** * Indian
* Pakistani
* Bangladeshi
* Chinese
* Other
 | **Black or Black British*** Caribbean
* African
* Other
 | **Other ethnic group*** Arab
* Other ethnic group
 | 🞏 Gypsy, 🞏 Romany, 🞏 Irish Traveller  | **Refused**🞏  |
| **Religion/Belief** | * None
* Christian (all denominations)
* Buddhist
* Hindu
 | * Jewish
* Muslim
* Sikh
 | * Any other religion
* Not known
* Does not wish to disclose
 |
| **Sexual orientation** | * Heterosexual
* Gay Man
 | * Lesbian
* Bisexual
 | * Other
* Does not wish to disclose
 |
| **Transgender** |  Yes 🞎 No 🞎 Don’t Know🞎 Do not wish to disclose🞎 |
| **Are you Ex-Armed forces personnel?** | Yes 🞎 No 🞎 Don’t Know🞎 Do not wish to disclose🞎 |
| ***By signing you are giving consent that the information in this form is correct and can be shared with services within the MainStay.*****Signed:** **Date:**  |

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| **PLEASE DESCRIBE CURRENT SUPPORT NEEDS BELOW:-** |
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