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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 Method  Tel No  Further Details | | | | **Further contact details-**  Person to contact  Tel No  Agency Details (if appropriate) | | | | | | | | | | | | | |
| **Current Address (if applicable**)  Address  Postcode    Local Authority Area  Liverpool 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-**  Name  Relationship | | | | Address  Phone Number | | | | | | | | | | | | | |
| **Location of last settled accommodation**  *(if different from above)* | Address  Postcode 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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