

Nightstop Devon

Referral Form

Nightstop Tel No: 01392 274853
 EHAG Tel No: 01392 430228
 Fax No: 01392 429292

Date:
 Time of ref:
 Ref Agency:
 Agency Contact:

Id no: (office use only)

Name of Young Person:

Mob/Tel No:

Date of Birth: Age

MALE FEMALE TRANSGENDER TRANSEXUAL

Equal Opportunities Monitoring

Ethnic Origin (please circle)

Asian Black White Mixed Ethnicity Other Does not wish to answer

English European Irish Caribbean African Indian Other Does not wish to answer

Sexuality (please circle)

Lesbian/Gay Bisexual Straight/Heterosexual Does not wish to answer

Reason why homeless:

Tenancy Breakdown	Family Breakdown
Leaving Home	Unfit Accommodation
Fleeing Violence	Waiting for Accommodation
Homeless After Care	No Settled Accommodation
Relationship Breakdown	Leaving Prison/Hospital
Other (please state).....	

Where has Young Person come from?

(eg. Exeter, East Devon)

Have they been in care or looked after Yes No

Is he/she a care leaver? Yes No

Have they used Nightstop before Yes No

Has the young person a statutory duty owed to them either under the care leavers act; children's act Yes No

Where did young peron hear about Nightstop? (please circle)

Referring Agency School Friend Other

Nightstop accommodation is provided in the homes of volunteers.

For this reason, it is vital that referrals to Nightstop are appropriate.

Therefore, **we must ask for this information each time a young person is referred and obtain the name of at least one reference on behalf of the young person**

This form serves as EHAG/Nightstop risk assessment:

Please give us as much information as possible; attach an additional sheet if necessary

<p>At the time of referral, does he/she show signs of aggressive behaviour or being under the influence of alcohol, drugs or solvents OR of acute medical health problems?</p>	<p align="right">Yes <i>(If yes, we are unable to accommodate on a Nightstop today)</i></p> <p align="right">No <i>(If no, please continue with the form)</i></p>
<p>Is he/she seeking a bail address or absconding custody and/or care?</p>	<p align="right">Yes <i>(If yes, please discuss with a member of Nightstop before continuing)</i></p> <p align="right">No <i>(If no, please continue with the referral form)</i></p>
<p>What are his/her details of offending, including custodial sentences, convictions for arson, or schedule 1 offences?</p>	<p align="right">Please supply specific dates, offences and name of YOT/Probation officer</p>
<p>Has he/she had any problems with alcohol, non-prescription or prescription drugs and/or other substances?</p>	<p align="right">Please supply types, specific amounts and dates</p>
<p>Has he/she ever been verbally abusive, acted in a threatening or anti-social manner or attacked anyone (physical aggression)?</p>	<p align="right">Please provide specific details of incident and person involved</p>
<p>What devices or tools is he/she carrying that may be considered dangerous?</p>	<p align="right">Please supply specifics</p>
<p>What medical condition does he/she suffer from? (Including asthma, epilepsy and/or physical mobility concerns)</p>	<p align="right">Please state all conditions and relevant effects</p>
<p>What are his/her mental health needs, including likelihood of suicide and self harming?</p>	<p align="right">Please state all diagnoses, incident details and previous CPN/counselling services</p>
<p>What medication is he/she taking at present?</p>	<p align="right">Please supply type and amount</p>
<p>What was the last time he/she took medication? (prescription or non-prescription)</p>	<p align="right">Please supply type, amount and time</p>

Are there any concerns of exploitation, abuse or harassment from others (physical, sexual, financial or mental)?	Please give any relevant information
Does the young person have family, friends or any other support networks in Devon/locally?	Please give any relevant information
Are there any areas of Devon where the young person cannot be placed?	Please give any relevant information
Are there any reasons the young person cannot be placed in a household with children or in a single host household?	Please give any relevant information
Is the young person currently in education, training or employment?	Please give any details
Are there any cultural needs/ dietary preferences/allergies?	Please give any relevant information
Does the young person have any form of ID on them?	Please give any relevant information
Does the young person have any concerns or worries about staying on Nightstop?	Please give any relevant information

GP Details

Name..... Address.....
.....

Relevant Key-workers:

(Please supply the name of keyworker(s) as we will need to contact as part of risk assessment)

Key-worker Name: Contact Number.....

Agency:

Key-worker Name: Contact Number.....

Agency:

References:

(Please supply the name of a professional (i.e tutor, employer) **and/or** other responsible adult who may serve as a reference for the young person: **the Nightstop team will contact the references**)

Name:..... Contact Number.....

Agency/Profession..... Length of time known YP.....

Name:..... Contact Number.....

Agency/Profession..... Length of time known YP.....

Any additional information (including any matters of vulnerability and risk not previously addressed):
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NIGHTSTOP DEVON CONSENT

Young person:

Please sign to confirm the following statements:

I give my permission for my referring agency/Nightstop staff to pass on or obtain any relevant information to Nightstop volunteers and/or other agencies and/or relevant parties in order to help me with my housing needs.

I understand that Nightstop Devon is unable to take responsibility for any damage, loss or theft to my personal belongings while on or having been on Nightstop.

I also understand that due to monitoring purposes, Nightstop staff will try to contact me and/or other agencies 2 or 3 times during the next six months to establish my housing situation.

SIGNED:.....

DATE:.....

PRINTED:.....,,

The only reason Nightstop would pass on information without your consent is if there is a legal requirement or duty, or there is a serious risk of harm or threat to life.

Referrer:

Please sign to confirm the information given on this form has been obtained by you in good faith and to the best of your knowledge is correct.

SIGNED:.....

DATE:.....

PRINTED:.....,,

Nightstop use only

Was he/she accepted on the scheme Yes No

If yes, what host was used?.....

If no, state why.....

Did young person stay on Nighthstop? Yes No

What happened to young person straight after placement?.....

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