|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Completion:** |  | **Staff Member Initials Only:** |  | **EDAN ID** **to be completed by staff member only** |  |
| **Your Details** |
| **Your First Name:** |  | **Your Surname** |  |
| **Alias***: if applicable* |  | **Your Date of Birth** |  | **Your Age:** |  |
| **Current Address (including postcode):** |  | **How long have you lived at this address?** |
|  |
| **Fled Address (including postcode):** |  | **How long did you live at this address?** |
|  |
| **Are you a resident of Lincolnshire?** | **Yes** [ ]  | **No** [ ]  |
| **Have you any history of residing in Lincolnshire?** | **Yes** [ ] ***Please provide details including timeframes:*** | **No** [ ]  |
| **Type of accommodation you are currently staying in** | **Council Tenant** [ ] **Private Tenant** [ ] **Housing Association** [ ] **Emergency Accommodation** [ ] **Owner Occupied** [ ] **Living with friends/family** [ ] **Leaving Care** [ ]  | **Hospital** [ ] **Sleeping Rough** [ ] **Sofa surfing** [ ] **Bail Hospital** [ ] **Residential care Home** [ ] **Other – *provide details below*** [ ]  |  |
| **Please provide your telephone number:** |  |  |  |  |  |  |
| **Is it safe to?** |  | **Yes** | **No** |
| **Call** | [ ]  | [ ]  |
| **Text** | [ ]  | [ ]  |
| **Leave voicemail** | [ ]  | [ ]  |
| **What is your email address?** |  |  |  |  |  |  |
| **Is it safe to email?** | **Yes** [ ]  | **No** [ ]  |
| **Details of a trusted 3rd party we can safely contact should we be unable to contact you?** | ***Consent from yourself to share it is EDAN Lincs calling?* Yes** [ ]  | *If yes, please provide name, and contact details:* |
| **What is your gender?** *Your voluntary answer will help us provide inclusive and appropriate services.* |  **Male** [ ]  **Female** [ ]  **Non-binary** [ ]  **Prefer to self-describe** [ ]  **Prefer not to say** [ ]  **Other** [ ]  |  |
| **What is your biological sex (as assigned at birth)?***This information is collected to ensure compliance with legal and reporting requirements, such as the Equality Act. Your response will be handled with confidentiality and used solely for this purpose.* | **Male** [ ]  **Female** [ ]  **Prefer not to say** [ ]  |
| **What is your sexual orientation?***Your response will be handled with confidentiality*  | **Heterosexual /Straight** [ ]  **Gay or Lesbian** [ ]  **Bisexual** [ ]  **Other** [ ]  |
| **What is your ethnicity?** |  | **Please confirm you have Recourse to Public Funds** |
| **Yes** [ ]  **Unknown** [ ]  |
| **Do you require an interpreter?**  |  **Yes** [ ]  **No** [ ]  | **If yes, what language is required?** |
|  |
| **Do you have a disability** including any communication needs? | **Physical** [ ]  **Mental** [ ]  | ***Please provide details:*** |
| **Yes** [ ]  | **No** [ ]  |
| **Do you have any mental health issues?** | ***Diagnosed*** [ ] ***Not diagnosed*** [ ]  | ***If yes, please provide details:*** |
| **Yes** [ ]  | **No** [ ]  |
| **Do you have any alcohol support needs?** | ***If yes, please provide details:***  |
| **Yes** [ ]  | **No** [ ]  |  |
| **Do you have any drug support needs?** | ***If yes, please provide details:***  |
| **Yes** [ ]  | **No** [ ]  |  |
| **Have you previously utilised safe accommodation in any location?** | ***If yes, when was this?*** |
|  **Yes** [ ]  **No** [ ]  | ***Less than 6 months*** [ ]  ***6-12 months*** [ ]  ***Over 12 months*** [ ]  |
| **Please provide details of prior safe accommodation locations/ dates and reason for leaving:** |  |
| **Please provide a physical description of yourself:** | **Height** | **Hair** | **Glasses** | **Distinguishing Features** |
|  |  |  |  |
| **Do you have access to a vehicle?** | **Make** | **Model** | **Colour** | **Number Plate** |
| **Yes** [ ]  **No** [ ]  |  |  |  |  |
| **How long have you been experiencing domestic abuse before accessing support?** |
| **Less than 6 months** [ ]  | **6-12 months** [ ]  | **Over 12 months** [ ]  |
| **Please select all the types of domestic abuse you have been experiencing:** |
| **A pattern of controlling/ coercive behaviour** [ ]  | **Sexual violence/abuse** [ ]  |
| **Current physical abuse, violence or threatening behaviour** [ ]  | **Stalking/Harassment** [ ]  |
| **Repeated emotional/psychological abuse** [ ]  | **Financial Abuse** [ ]  |
| **Potential honour-based violence and/or female genital mutilation** [ ]  |
| **Please provide a brief summary of why refuge accommodation is being sought at this time, including any immediate risks, safety concerns, or circumstances contributing to the need for safe housing.** |
|  |
| **How did you hear about our service?** | **GP** [ ]  **Hospital** [ ]  **111** [ ]  **LDASS** [ ]  **Employer** [ ]  **Police** [ ]  **Adult Social Care** [ ]  **Children’s Social Care** [ ]  **LCC** [ ]  **National Helpline** [ ]  **Other support service** [ ]  |
| **Perpetrator Details:** |
| **Perpetrator Name:** |  | **Perpetrator Ethnicity:** |  |
| **Perpetrator DOB:** |  | **Perpetrator Address including postcode:** |  |
| **What is your relationship to the perpetrator?** |  |
| **Physical description of perpetrator** | ***Height:*** | ***Hair:*** | ***Glasses:*** | ***Distinguishing Features:*** |
|  |  |  |  |
| **Description of perpetrators vehicle** | **Make:** | **Model:** | **Colour:** | **Number plate:** |
|  |  |  |  |
| **Employment of perpetrator:** |  |
| **Children’s Details:** |
| **Name** | **DOB** | **Age** | **Does child live with you?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Are you pregnant?** | **Due Date:** |
| **Yes** [ ]  **No** [ ]  |
| **Are UBB/children open to:**  |  **TAC** [ ]  **CIN** [ ]  **CP** [ ]  **PLO** [ ]  **Unknown** [ ]  |
| **Additional Details** |
| **Are there any other household members requiring to flee with you/and children?** | **Yes** [ ] **No** [ ]  | *Please provide name/date of birth/relationship to yourself and the perpetrator:* |
| **Are there any professionals/ agencies involved with you or your family?** | **Yes** [ ]  | **No** [ ]  |
| **If yes, please provide details:** | **Name:** | **Agency:** | **Contact Details:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Do you give consent for us to contact them should we be unable to contact you?** | **Yes** [ ]  | **No** [ ]  |

***We will attempt contact 4 times over 3 days via the safe methods provided. Please be advised our telephone number will show as withheld.***

**Please call the Single Point of Access Team on 01522 510041 option 1 or email** **lincsrefugespa@edanlincs.org.uk** **for further advice or support. Alternatively, please view our website edanlincs.org.uk.**