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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of referral:** | |  | | **EDAN ID Number: *to be completed by EDAN staff member only*** | | | | |  | | | | |
| **Referrer Name:** | |  | |  | | | | |  | | | | |
| **Referring Agency:** | |  | | **Referring Department:** | | | | |  | | | | |
| **Referrer telephone contact details** | |  | | **Referrer email contact details:** | | | | |  | | | | |
| **Client Details:** | | | | | | | | | | | | | |
| **Client First Name:** | |  | | **Client Surname:** | | | | |  | | | | |
| **Client Date of Birth:** | |  | | **Client Age:** | | | | |  | | | | |
| **Client Alias (if applicable)** | |  | | **Please confirm client has consented to this referral:** | | | | | **Yes** | | | | |
| **Current Client Address (including postcode):** | | |  | | | | | **How long has client lived at this address?** | | | |  | |
| **Fled Address (including postcode):** | | |  | | | | | **How long did the client live at this address:** | | | |  | |
| **Is the client a Lincolnshire resident?** | | | **Yes** | | | | | **No** | | | | | |
| **Have you any history of residing in Lincolnshire?** | | | **Yes**  ***Please provide details including timeframes:*** | | | | | **No** | | | | | |
| **Type of accommodation client is currently residing 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*** | | | | | |
| **Clients Telephone Number/s:** | | |  | |  |  | | |  | |  | |  |
| **Is it safe to?** | | |  | | | | **Yes** | | | **No** | | | |
| **Call** | | | |  | | |  | | | |
| **Text** | | | |  | | |  | | | |
| **Leave voicemail** | | | |  | | |  | | | |
| **Clients Email Address:** | | |  | | | | | **Is it safe to email client?** | | | | | |
| **Yes  No** | | | | | |
| **Any preferred times to make safe contact?** | | |  | | | | | | | | | | |
| **Name, contact details and r/ship if known of a trusted 3rd party we can safely contact should we be unable to contact the client?** | | |  | | | | | ***Consent from client to share it is EDAN Lincs calling?* Yes** | | | | | |
| **What is the client’s gender?** | | | **Male  Female  Non-Binary  Client prefers to self-describe**  **Client prefers not to say  Other  Unknown** | | | | | | | | | | |
| **What is the client’s biological sex (as assigned at birth?** | | | **Male  Female  Prefer not to say  Unknown** | | | | | | | | | | |
| **What is the client’s sexual orientation?** | | | **Heterosexual or Straight  Gay or Lesbian  Bisexual  Other** | | | | | | | | | | |
| **Ethnicity of client:** | | |  | | | **Please confirm client has Recourse to Public Funds** | | | | | | | |
| **Yes** | | | | | | | |
| **Does the client require an interpreter?** | | | **Yes  No** | | | **If yes, what language is required?** | | | | | | | |
|  | | | | | | | |
| **Does the client have a disability** including communication needs? | | | **Physical  Mental** | | | ***Details:*** | | | | | | | |
| **Yes** | **No** | |
| **Does the client have any mental health issues?** | | | **Diagnosed**  **Not diagnosed** | | | **Details:** | | | | | | | |
| **Yes  No** | | |
| **Does the client have any alcohol support needs?** | | | ***If yes, please provide details:*** | | | | | | | | | | |
| **Yes** | **No** | |  | | | | | | | | | | |
| **Does the client have any drug support needs?** | | | ***If yes, please provide details:*** | | | | | | | | | | |
| **Yes** | **No** | |  | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Has the client previously utilised safe accommodation in any location?** | | | | ***If yes, when was this?***  **Less than 6 months  6-12 months  Over 12 months** | | | | | | | | | | | | |
| **Yes** | **No** | | |
|  |  | | |
| **Please provide details of prior safe accommodation locations/ dates and reason for client leaving:** | | | |  | | | | | | | | | | | | |
| **Physical description of client:** | | | | **Height** | | | **Hair** | | | | | **Glasses** | | **Distinguishing Features** | | | |
|  | | |  | | | | |  | |  | | | |
| **How long has the client 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 the client has 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 reason for professional involvement and a brief summary of information relating to domestic abuse resulting in this referral:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Perpetrator Details:** | | | | | | | | | | | | | | | | |
| **Perpetrator First Name:** | |  | | | | | | **Perpetrator Surname:** | | |  | | | | | |
| **Perpetrator Address:** | |  | | | | | | **Perpetrator Date of Birth:** | | |  | | | | | |
| **Perpetrator Ethnicity:** | | |  | | | | | |
| **Physical description of perpetrator:** | | | | | | | | **u/k** | | **Height** | **Hair** | | **Glasses** | | | **Distinguishing Features** |
|  |  | |  | | |  |
| **Description of perpetrators vehicle if applicable:** | | | | | | | | **u/k** | | **Make** | **Model** | | **Colour** | | **Number Plate** | |
|  |  | |  | |  | |
| **Perpetrators employment:** | | | | | | | | **u/k** | | **Details:** | | | | | | |
| **What is the client’s relationship to the perpetrator?** | | | | | | | |  | | | | | | | | |
| **Children’s Details:** | | | | | | | | | | | | | | | | |
| **Name** | | | | | | **Date of Birth** | | | **Age** | **Does child live with client?** | | | | | | |
|  | | | | | |  | | |  |  | | | | | | |
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| **Is client pregnant?** | | | **Yes  No  u/k  *Due Date:*** | | | | | | | | | | | | | |
| **Are UBB/children open to:** | | **TAC  CIN  CP  PLO  Unknown** | | | | | | | | | | | | | | |
| **Additional Information:** | | | | | | | | | | | | | | | | |
| **Are there any other household members requiring to flee with client/children? Please provide names, DOB’s and relationship to client and perpetrator below if applicable:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **\*\*Confidential Professional Information – not to be shared with client\*\*** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |

***For further advice and support please contact the Single Point of Access Team on 01522 510041 option 1 or email lincsrefugespa@edan.lincs.org.uk.***