|  |  |  |  |
| --- | --- | --- | --- |
| **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** [ ]  |  |

|  |  |
| --- | --- |
| **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?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **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.***