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The Life House is the new name for

**Client referral**

**Notes to referring agents:**

* This is the Life House’s general-purpose referral form. A separate nomination form is required for free school uniform nominations. Both referral forms can be downloaded from our website.
* We request that clients collect items from us where they are able to do so. This is because we work by building relationships with our clients so that we can concentrate on long-term holistic solutions beyond our immediate practical assistance.
* Clients may arrange in advance to collect items using the contact details above. Alternatively, they may collect without an appointment from our drop-in lounge (Thursdays between 11:00 *a.m.* and 2:00 *p.m.*).
* It may take some time to process clothing requests once the request is approved. To avoid disappointment, please await an e·mail response or telephone confirmation from the Life House before asking clients to collect clothes.
* Clients should be made aware that items are subject to availability and that eligibility criteria apply.
* If there are any specific risks associated with this client of which the Life House should be aware, please detail them in § 4.

[§ 1 is for office use only]

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| **§ 2 Client details** | | | | |
| Name: |  | | | |
| Date of birth: |  | Gender: | |  |
| Title: | 🞎 Miss 🞎 Mr 🞎 Mrs 🞎 Ms  🞎 Other: | | | |
| Number in household: | Adults: | | Children: | |
| Address and postcode: |  | | | |
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| E·mail address: |  | | | |
| Telephone: |  | | | |
| National Insurance No: |  | Referral date: | |  |
| Has the client used the Life House’s (or previously the Ark’s) services before? | | 🞎 Yes 🞎 No (as of the date above) | | |

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| **§ 3 Referral agency details** | | | |
| Self-referral? | 🞎 No 🞎 Yes (go to § 3) | Referring organisation: |  |
| Name of referrer: |  | Telephone: |  |
| E·mail address: |  | | |
| **Referring agent:** I wish to refer this client to the Life House and have read and understand the ‘note to referring agents’ on the first page of this document. If I am aware of any risks associated with this client of which the Life House should be aware, I have notified the Life House of these.  Signature of referring agent: Date: | | | |

These questions are simply to help us to make sure  
that you, our clients, visitors and staff are safe.  
Please use a continuation sheet if necessary.

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| **§ 4 Risk assessment** | | | | | | | | |
| Does this client have any of the following medical conditions? | | | Physical disability 🞎 Yes 🞎 No  Learning difficulty 🞎 Yes 🞎 No  Mental illness 🞎 Yes 🞎 No  Substance abuse 🞎 Yes 🞎 No  Other medical condition 🞎 Yes 🞎 No | | | | | |
| Please give details: | | |  | | | | | |
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| Do this client have any unspent criminal convictions? | | | Physical violence 🞎 Yes 🞎 No  Sexual offence(s) 🞎 Yes 🞎 No  Arson 🞎 Yes 🞎 No  Criminal damage 🞎 Yes 🞎 No  Other unspent conviction 🞎 Yes 🞎 No | | | | | |
| Please give details: | | |  | | | | | |
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| Please use the space below to describe any additional risks associated with this client. | | | | | | | | |
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| **§ 5 Requests for food** | | | | | | | | |
| Known allergies and known sensitivities: | | |  | | | | | |
| Special requirements: (*e.g.* halal, vegetarian) | | |  | | | | | |
| What cooking facilities are available? | | |  | | | | | |
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| **§ 6 Clothing and bedding requests** | | | | | | | Office use only | |
| Date | Name | | | Age | M/F | Items required | Size | Sign to authorise |
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| **§ 7 Consent and declaration** | | | | | | | | |
| **Code of conduct for users of the Life House’s services**  We’re really grateful to our clients, staff members and visitors for helping to make sure that the Life House is a safe, happy and pleasant place to be. Here’s what we’d like you to do to help make sure that the Life House stays this way:   * Respect the rights, property and personal space of others. * Care for the privacy of clients, staff members and visitors and don’t talk about other people’s private business. * Refrain from using offensive language (including swear words) while you are at the Life House. * Don’t bring alcohol and/or illegal drugs to the Life House’s premises – and don’t come whilst you’re under the influence of alcohol or drugs. * Don’t bring any weapons to the Life House. * Respect the fact that the Life House is a pornography-free zone. * Take care not to be racist, sexist or otherwise discriminatory. * Behave in a non-threatening and non-violent way.   The facilities that the Life House uses belong to Christian Life Church. Both the Life House and Christian Life Church reserve the right to refuse admission and/or service to anyone who does not stick to this code of conduct, or as part of a risk-management procedure. We may also ban people or call the police if necessary. Your use of The Life House’s services is dependent upon acceptance of this code of conduct. Thanks for helping to make sure that the Life House stays a great place to come! | | | | | | | | |
| **Consent and declaration**  I confirm that all the information given above is accurate and true to the best of my knowledge.  I consent to allowing The Life House to use and store the information I have provided (in accordance with the Data Protection Acts 1998 & 2018) for the purposes of providing me with The Life House’s services.  This includes the use of my details to contact me by:  mail 🞎 Yes 🞎 No  telephone 🞎 Yes 🞎 No  e-mail 🞎 Yes 🞎 No  text-message 🞎 Yes 🞎 No  If I was referred to the Life House by another agency, I authorise the Life House to discuss my support with that agency. 🞎 Yes 🞎 No 🞎 Not applicable  I understand that The Life House will not make my personal data available to external individuals or organisations except when it is legally required to do so, or with my permission.  I understand that the Life house only provides advice in the areas in which it is competent and qualified to advise. I understand that the Life House cannot currently provide legal, financial or medical advice and that the Life House can assist me only to the extent that the law, its capabilities and its qualifications permit.  I have read and understood the code of conduct, and I agree to behave in accordance with it whilst I am using The Life House’s services and whilst I am using Christian Life Church’s facilities.  **Client’s signature: Date:** | | | | | | | | |

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| **§ 8 Equal opportunities monitoring** | |
| These data are used to help the Life House to serve our local community better. Referring agents should allow those being referred to choose their answers. The information you provide here will not prejudice the services that the Life House provides to you. The questions and options comply with those recommended by the Office of National Statistics. | |
| **What is your ethnic group?**  Choose one option that best describes your ethnic group or background. | |
| **White**  🞎 English/Welsh/Scottish/Northern Irish/  British  🞎 Irish  🞎 Gypsy or Irish Traveller  🞎 Any other White background, please describe  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mixed/Multiple ethnic groups**  🞎 White and Black Caribbean  🞎 White and Black African  🞎 White and Asian  🞎 Any other Mixed/Multiple ethnic background, please describe  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Asian/Asian British**  🞎 Indian  🞎 Pakistani  🞎 Bangladeshi  🞎 Chinese  🞎 Any other Asian background, please describe  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Black/African/Caribbean/Black British**  🞎 African  🞎 Caribbean  🞎 Any other Black/African/Caribbean  background, please describe  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Other ethnic group**  🞎 Arab  🞎 Any other ethnic group, please describe  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **What is your religion?** | |
| 🞎 No religion  🞎 Christian (including Church of England, Roman Catholic, Protestant and all other Christian denominations)  🞎 Buddhist  🞎 Hindu | 🞎 Jewish  🞎 Muslim  🞎 Sikh  🞎 Any other religion, please describe  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **§ 9 Ongoing notes** | | | | Page number: | | | | **1** |
| Referring agents may wish to provide a summary of the circumstances and/or needs of the person whom they are referring.  Otherwise, Life House staff should provide the following information for all instances in which the Life House supports this client:   * a brief description of the client’s circumstances (for new clients) or changes to circumstances (for existing clients); * the support requested for the client and the support provided; and * any other relevant information. | | | | | | | | |
| Date | Notes | | | | | | Staff signature | |
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| **§ 8 Ongoing notes** | |  |  | | Page number: | | | **2** |
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