



emmaus

Referral Form

All information provided will be treated with respect and will be held in strictest confidence, subject to the Data Protection Act 1998 and the Emmaus Data Protection Policy (available on request). All information will be secured in lockable cabinets. Access to this is restricted, although the applicant may view their own file upon request.

Emmaus

Emmaus is a secular organisation that offers a home, a job, a purpose. Emmaus helps individuals build new lives. Companions (as residents are known) often credit Emmaus as the turning point in their lives.

At an Emmaus Community, the majority of Companions are formerly homeless men and women who live and work together in a supportive environment. Everyone in an Emmaus Community has a role to fill and contributes to the well-being of the Community.

To join a Community, Companions sign off unemployment benefits. Companions work full time in one of our social enterprises. In return Companions receive accommodation, food, clothing and a small weekly allowance.

The Emmaus story is really the story of its Companions. The reasons for their homelessness vary – relationship breakdown, substance abuse, poverty, to name just a few – whatever their history, all Companions share a drive and a desire for a fresh start. At Emmaus they get the chance to learn new skills, discover hidden talents and develop new friendships.

There is no limit to how long people can stay. Some stay just long enough to get back on their feet; others stay long-term. Companions live by a few simple rules: All work to the best of their abilities. No alcohol within the Community. No drugs. No violence.

Referral Application

Referrer : <i>(If self, write "self")</i>	Contact Number:
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Personal Details

Names of Client/Applicant:			Gender:		
Date of birth:	Chain/Link Number <i>(if applicable)</i> :	National insurance number:			
Contact number:	Other contact details:				
Country of origin:	Are you claiming/eligible for housing benefit?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
	<i>If you answered no, please give details:</i>				

Current housing situation

Sleeping rough:	<input type="checkbox"/>	Social housing:	<input type="checkbox"/>	Private rent:	<input type="checkbox"/>
Hostel:	<input type="checkbox"/>	Facing eviction:	<input type="checkbox"/>	If so, when is your eviction?	
Sofa surfing:	<input type="checkbox"/>	Long stay hospital:	<input type="checkbox"/>	Family home:	<input type="checkbox"/>
Prison:	<input type="checkbox"/>	Other <i>(give details)</i> :			

Where are you currently located – *address/site/town*

Skills and Qualifications – *briefly tell us about your most recent job, your skills, what you enjoy doing and your ambitions for the future.*



Five-year housing history				
Start date	End date	Address	Type of accommodation	Reason for ending
Has the applicant ever lived in an Emmaus Community				
Community	From	To	Reason for leaving	
Please give any other support workers/organisations currently helping you with your accommodation needs				
Support worker:				
Organisation:				
Address:				
Phone number:				
Email:				



Physical health		
Does the applicant have any physical health issues? If yes, please give details below – please include - diagnosis and date, treatment and is the applicant able to self-medicate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant have any physical disability? If yes, please give details below, including accessibility requirements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant have any allergies? If yes, please give details below, including severity, treatment and is the applicant able to self-medicate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant have any special dietary needs? If yes, please give details below	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please list any current medication below		
Name of medication	Dosage	Side effects
Can the applicant climb stairs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the applicant fit enough to work a five-day week in Emmaus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Mental Health				
Does the applicant have any mental health issues			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please indicate the nature of these issues – <i>tick any relevant boxes</i>				
Depression	<input type="checkbox"/>	Schizophrenia	<input type="checkbox"/>	
Alcohol abuse	<input type="checkbox"/>	Psychosis	<input type="checkbox"/>	
Drug abuse	<input type="checkbox"/>	Self-harm	<input type="checkbox"/>	
Anger problems/violence to self or others	<input type="checkbox"/>	Suicide attempts	<input type="checkbox"/>	
Diagnosed personality disorder	<input type="checkbox"/>	Paranoia	<input type="checkbox"/>	
Please give details of any known trigger(s) for episodes of the above				
Please give details of any mental health services applicant is engaged with				
Contact name	Service	Phone number	Address	
Name of medication	Dosage	Side effects		
Does the applicant have any history of disengaging with staff and/or treatment when suffering any of the above? <i>Please give details below</i>				



Drug Use

Please tick any drug/substance that you have used either recreationally that has been problematic – *space has been left for you to fill in any drug/substance that is not listed*

Cannabis – in any form	<input type="checkbox"/>	Mephedrone	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	Magic Mushrooms	<input type="checkbox"/>
Crack	<input type="checkbox"/>		
Heroin	<input type="checkbox"/>		
LSD	<input type="checkbox"/>		
Ecstasy or other MDMA variant	<input type="checkbox"/>		
Amphetamines	<input type="checkbox"/>		
Ketamine	<input type="checkbox"/>		

Please tick any drug/substance that has been problematic that you have used regularly

	Age Started	Length and frequency of use	Length of time clean
Cannabis – <i>in any form</i>			
Cocaine			
Crack			
Heroin			
LSD			
Ecstasy, MDMA or other variant			
Amphetamines			
Ketamine			
Mephedrone			
Magic Mushrooms			
NPS “Legal Highs”			

Previous treatment for drug use

Treatment received?	Agency	From	To
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Current treatment for drug use			
Treatment being undertaken?	Agency	From	To

Any known triggers for drug use or relapse?

Emmaus has a zero tolerance towards policy towards illegal, "legal high" and recreational drug use. Use of any such substance whilst a member of a Community can result in eviction and a possible ban from all Communities

Alcohol Use

How many units of alcohol do you drink?

Daily		Weekly		Monthly		Rarely	
Approx. Units		Approx. Units		Approx. Units		Tick if you only drink rarely	<input type="checkbox"/>

What alcohol do you drink?

Has alcohol ever caused any of the following problems in your life?

Relationship breakdown	<input type="checkbox"/>	Victim of violence	<input type="checkbox"/>
Debt	<input type="checkbox"/>	Aggression	<input type="checkbox"/>
Eviction	<input type="checkbox"/>	Hospital admission	<input type="checkbox"/>
Loss of Job	<input type="checkbox"/>	Cirrhosis	<input type="checkbox"/>
Crime committed	<input type="checkbox"/>	Pancreatitis	<input type="checkbox"/>

Other – please specify

Have you ever sought or been advised to seek help for alcohol abuse? Yes No

Previous treatment for alcohol use

Treatment received	Agency	From	To



Current treatment for alcohol use			
Treatment being undertaken	Agency	From	To

Do you have any triggers for binge drinking/excessive alcohol use? – *please give details*

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Do you have a family history of alcohol abuse? – *if yes, please give details below* Yes No

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Emmaus expects that people who have a history of alcohol abuse will be prepared to address this problem, and will work with them to do so.

Emmaus expects that people who return to a Community after drinking will go straight to their room; failure to do so might result in eviction and a ban from all Communities.

Offending History

Criminal convictions – *if yes, please give details* Yes No

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Probation orders – *if yes, give details including Probation Office and named Officer* Yes No

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Outstanding court appearances/warrants – *if yes, please give details* Yes No

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Cautions – *if yes, please give details* Yes No

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Arson (that may or may not have resulted in a criminal conviction) - *if yes, please give details* Yes No

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Violence (that may or may not have resulted in a criminal conviction) - if yes, please give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sexual offences/named on Sex Offenders Register – if yes, please give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Financial History			
Assets/Savings			
Bank account(s)			
Debts			
Amount owed	For what	To whom	Since year

Confidentiality
<p>Emmaus respects your confidentiality, any information provided will only be used to assist in the risk assessment, needs assessment and selection processes needed to comply with our admission policy, a copy of which is available on request. This information will be kept secure and only for as long as needed and not be seen by anyone who is not involved in the above process.</p> <p>I agree that the information provided is true and correct. I acknowledge that by giving information which I know to be false I may be at risk of my licence to occupy being withdrawn.</p> <p>Signature of applicant.....</p> <p>Date.....</p>

Referees			
Please give two referees who have either worked with you in the recent past or who are working with you currently			
Name		Relationship	
Contact details – please include, mobile and office numbers, email and business address			
Name		Relationship	
Contact details – please include, mobile and office numbers, email and business address			



Consent Disclosure

*If your referral is being returned via email please note that once this section has been completed, **pages 8 and 9 should be printed, signed, scanned and returned with the completed referral.** Please retain the original, should it be required in the future.*

Date

Name

NI number

I give my permission for to disclose my information to **Emmaus**
 Norwich

I give my consent under the Data Protection Act 1998 for **Emmaus** Norwich to contact any relevant agencies regarding myself in the best interests of myself and the Emmaus Community. It is understood that this may also include checks with the Police.

Sign: (Applicant).....

Sign: (On behalf of Referral Agency).....