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| **Office use only****Date Received**…………..… |

SPLITZ

Support Service



**DEVON DOMESTIC ABUSE SUPPORT SERVICE
 REFERRAL FORM**

The service provides support for:

* Individuals who have experienced domestic abuse;
* Children and young people who have witnessed domestic abuse;
* Individuals who live in the Devon County Council area;
* Individuals who have, or will have, their own permanent, self-contained accommodation (council tenancy, private rented, housing association or home owner);
* Or are in need of housing related support in order for them to access, establish and maintain safe and independent living in the community free from abuse.

 **Completed referrals to be sent via secure email:** **referrals.devon@splitz.org.cjsm.net**

**or via Egress to** **admin.devon@splitz.org**

**Please attach a completed SafeLives DASH risk assessment**

We will prioritise referrals according to need and risk. We aim to contact the client the same day and arrange support within 5 working days. **Please ensure referral forms have been completed in full.**

Information given will be treated as **strictly confidential**.

**Referring Organisation: Date of referral:**

**Name and job title of referring worker:**

 **Where did you hear about our service (self-referral only):**

**Telephone number: Email:**

**1) Service User Information**

**Name: Date of Birth:**

**Gender: Ethnicity:**

**Address:**

 **Marital status:**

 **Sexual orientation:**

 **Religion:**

**Postcode:** **Living with alleged perpetrator YES/NO**

 **Safe address for post: YES/NO**

**Landline:** **Safe to phone: YES/NO**

 **Safe to leave a message: YES/NO**

**Telephone number: Safe to phone: YES/NO** **Safe to leave message: YES/NO**

 **Safe to text: YES/NO**

**Mobile:**

**Safe Email:**

**Are there any specific safe times to make contact?**

**2) Children and Young People Information**

**Name: Gender: DOB: Disabilities: Safeguarding Plan: YES / NO**

**Social Worker:**

**Pregnant: If yes due date:**

**Child/Children living at same address as Service User (Please tick)**

**Child/Children living elsewhere (Please tick & comment below)**

**Comment:**

**3) Alleged Perpetrator information**

**Name: Gender:**

**Address: DOB:**

 **Ethnicity:**

**Postcode:**

**Relationship to person being referred:**

**Alleged perpetrator whereabouts:**Has there been any violent or aggressive behaviour from the alleged
perpetrator to agency workers or other members of the public? **YES / NO**

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| **4) Current Situation, risk factors and concerns including recent incidents and any protective orders:****Other agencies involved:****GP details:****Children’s School:****Support Requested:** Outreach Support **YES / NO**  Structured workshop **YES / NO** Information and guidance **YES / NO** Other (Please specify): |

**5) Support Needs and Risk Assessment**

Does the **SERVICE USER** require support in any of the following areas:

Are there any drug/alcohol/substance misuse issues? **YES / NO**

Are there any mental health issues (including risk of suicide and self harm)? **YES / NO**

Has there been any violent or aggressive behaviour ? **YES / NO**

Are there any criminal convictions/offending history? **YES / NO**

Are you subject to or named in any protective orders (e.g. non-molestation order)? **YES / NO**

Are there any risks of harm to children or young people? **YES / NO**

Is there a risk of neglect or lack of self care **YES / NO**

Are there any other risks? **YES / NO**

Is there any housing needs **YES / NO**

Are there any physical health issues or disabilities **YES / NO**

Is English an additional language **YES / NO**

Do you know your immigration status? **YES / NO**

What type of Visa do you have? **YES / NO**

Do you have independent leave to remain? **YES / NO**

Do you know if you have access to public funds? **YES / NO**

**Do you need any help with the above if so please give details:**

Signed (Service User): ……………………………………….Date……………………………………………..

Signed referring worker : Date:

*If you have any questions regarding referral process, please contact the helpline on 0345 155 1074 (Monday to Friday 9am-5pm, excl. Public holidays)*

**Office use only**

**Referral accepted** □

**Referral refusal**

□Refused – not DV □ Refused – Needs too high □Refused – other □Accepted – changed mind □Explanation for refusal given □Right of appeal offered

**Details of alternative options explained:**

**Self-referrals only:**

□ Confidentiality discussed and consent given. Date: .................................................

□ Data protection discussed and consent given. Date: ...............................................