



## REFERRAL FORM – COVENTRY & WARWICKSHIRE SERVICES

**Coventry Supported Accommodation Service: Tel: 024 76228099**  
**Fax: 024 76221899, Oakwood House, Cheylesmore, Coventry, CV1 2HL**  
**Email referrals: [referrals@coventrycyrenians.org](mailto:referrals@coventrycyrenians.org)**

**Stratford Temporary Accommodation Service: Tel: 01789 290956**  
**24 Clopton Rd, Stratford-upon-Avon, CV37 6SH**  
**Email referrals: [StratfordScheme@coventrycyrenians.org](mailto:StratfordScheme@coventrycyrenians.org)**

**Warwick Supported Accommodation Service: Tel: 024 76228099**  
**Fax: 024 76221899, Oakwood House, Cheylesmore, Coventry, CV1 2HL**  
**Email referrals: [WarwickScheme@coventrycyrenians.org](mailto:WarwickScheme@coventrycyrenians.org)**

This form is to be used if you or a client you are working with wish to be considered for Cyrenians Supported Accommodation in Coventry and Warwickshire. Please complete this form and send it to the team as detailed above. Alternatively a referral can be made over the telephone by calling any of the above numbers. We can provide you with service leaflets and you can also visit our website at [www.coventrycyrenians.co.uk](http://www.coventrycyrenians.co.uk) for further details.

<b>Name of Referring Agency</b>	
<b>Name of Worker Making Referral</b>	
<b>Agency Contact Number</b>	
<b>Date of Referral</b>	

**Client Details** *(the person needing a service)*

<b>Full Name</b>	<b>D.O.B. &amp; Age</b>
<b>Financial Status (including whether the client is entitled to public funds)</b>	<b>N.I. No</b>
<b>Tel No:</b>	<b>Gender:</b>
<b>Email address:</b>	<b>Client number:</b>
<b>Previous Contact with Cyrenians, which service &amp; when?</b>	
<b>Current Address: including housing status (e.g. tenant, living with family, friends etc) and for how long. If the client has no current address please give a "Care of" address where information can be sent to</b>	
<b>Landlord's Name and Contact Details</b>	

**Please explain why the client requires Cyrenians supported accommodation in Coventry; the temporary accommodation service in Stratford; or the supported accommodation service in Warwick**

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**Current Accommodation** *(Please tick one option that best describes the accommodation)*

Rough Sleeping	
Sofa Surfing	
Prison	
Temporary Accommodation (e.g. B&B, NASS)	
Supported Housing (e.g. Salvation Army, Doorway, Stonham etc)	
With family or friends	
Social Landlord	
Private Tenancy	
Owned Property	
Other – please specify	

**Current Circumstances** *(Please tick one option that best describes the circumstances)*

No accommodation (rough sleeping, sofa surfing etc)	
Escaping violence or harassment	
Accommodation uninhabitable (e.g. serious health and safety concerns, fire damage)	
Threatened with homelessness within 28 days	
Leaving prison	
Statutory Bail Condition (e.g. area)	
Relationship breakdown	
Accommodation unsuitable (e.g. overcrowding, cannot cope)	
Support needed to sustain tenancy	
Need to move closer to family/support	
Any further information on client's circumstances	

**What issues does the client need support with? (tick as many as apply)**

	Tick box		Tick box
Housing		Anti-Social Behaviour	
Drugs		Learning Difficulties	
Alcohol		Refugee	
Mental Health		Developing Domestic Skills	
Self-Harm		Access to Training/Education	
Physical Health		Literacy	
Debts/Budgeting		Community Involvement	
Gambling		Claiming Benefits	
Sex Work		Developing Social Skills	
Offending Behaviour		Access to Work	
Domestic Violence		Other – state what	

**Further Information on Support Needs, including any requirements such as religious or cultural needs, need for a translation service.**

**If translation service required please state language \_\_\_\_\_**

**Are there any mental or physical health issues that should be taken into account?**

**Name of GP/CPN**

**Tel No:**

**Address**

**Details of any prescribed/un-prescribed medication?**

**Are you aware of any risk factors that should be taken into account as part of this referral, e.g. convictions/offending history, self-harm, attempted suicide or risk from others? Continue on a separate sheet if necessary.**

**Are any other agencies involved with the client? Please state the name of the agency, the name of the worker and their contact number**

**Any other information that will help in assessing the client?**

<b>Signed (Client)</b>	<b>Date of Application</b>
<b>Signed (Referring Worker)</b>	<b>Date of Referral</b>
<b>Name of Cyrenians Worker Completing Form (when applies)</b>	<b>Date of Referral</b>

**Date Assessment Booked (Cyrenians Staff to Complete)**