REFERRAL / INITIAL ASSESSMENT

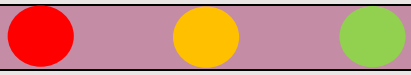
In order to access this Exempt Accommodation Service, the applicant must have a qualifying level of support needs. It is important to understand the criteria for support is met under the DWP legislation.

The applicant's willingness participation in ALL Identified support areas is crucial to the offer of Accommodation. failing which the Accommodation cannot be offered.

We cannot house registered sex offenders, convicted arsonists or children unless you have a specific licence to do so.

Please email to info.lilyhousing@gmail.com

Domestic Abuse

Risk Level	

Situational Information	Please fill in blank spaces	Personal Information	Please fill in blank spaces
Origin of Referral		Property Consideration	
Date of Assessment		Full Name	
Ethnicity / Religion		Date of Birth	
Language		National Insurance Number	
Interpreter required Y/N		Mobile Number	
Recourse to Public Funds Access to UC / HB etc		Email Address	
Occupation Status (employed, unemployed, unemployed with incapacity to work)		Current Full address	
no. Hours & Job Title		Postcode	
Any other Source of Income or Savings		Current type of Accommodation (Hostel, Homeless, Friends/family, Custody, HAR, Owner, Hospital, Private rent etc)	
Physical or Mobility Impairement		Dependents (children) full name	
Learning Disability		Gender	
Domestic Abuse Police Involvement or investigation		Date of Birth	

		Relationship to client	
		Dependents current address	
Children's Details that aren't in custody? Any CPYS involvement		**Dependents child protection plan? any CYPS Involvement**	

Domestic Abuse Information	Please fill in blank spaces
Perpetrators Full Name	
Perpetrators Date of Birth	
Perpetrators Gender	
Perpetrators Address	
Perpetrators Relationship to Client	
Still have contact with Perpetrator	
Risk Level (High, Med, Low)	
Area's of Risk (Location)	

1.5 REASON FOR REFERRAL (to be completed for All referrals not DV/DA specific)

HISTORY OF DOMESTIC ABUSE	LAST INCIDENT
Please give as much background as possible	
MARAC, POLICE OR PROTECTION INVOLVMENT	**ANY OTHER PERPETRATORS**

CURRENT SITUATION	**OTHER INFORMATION**

1.7 RISK ASSESSMENT

Key: L – Low, M – Medium, H –

*Risk assessment (**we will not accept referrals without a current risk assessment)** Please provide information below (or send current risk assessment)		
Does applicant have a history of:	**L/M/H**	**Details: please complete in all cases**
Indicate risk level: low/medium/high		**Triggers / potential victims etc. How identified Risks will be managed**
Violence, aggressive behaviour		
Self-harm / suicide / mental health formal diagnosis		
Drug / alcohol misuse		
Child protection issues		
Sexual or schedule 1 offence		
Criminal convictions / offences		
Self-neglect / neglect of others		

Antisocial behaviour		
Damage to property		
Neighbourhood problems		
Arson		
Rent arrears		
Any other information		
Is the applicant at risk of harm from others? If yes please state by whom and provide details		.
If Yes, escalate to management, highlight confirmation, Complete Safety Plan		
Should any precautions be taken into account when interviewing the applicant in addition to those normally taken in relation to H&S good practice		

Note

All Domestic Abuse Referrals must have DASH form completed once signed up to property.

Guide on Risk:

- High: Escalate to Management, Safety Plan Created and DASH form completed
- Medium: Escalate to Management, Safety Plan
- Low: Safety Plan