Supported Accommodation – Young Person Referral Form

1. Referral Agency	
Field:	**Information:**
Organisation referring name:	
Contact person:	
Position/Role:	
Phone number:	
E-mail address:	
Date of referral:	

2. Young Person Details	
Field:	**Information:**
Full name:	
Preferred name:	
Date of birth:	DD/MM/YYYY
Gender:	
Preferred pronouns:	
Ethnicity:	
First language:	
Current address:	
Emergency contact number:	
Social worker/Key professional:	
Case reference number:	

3. Reason for Referral	
Brief summary of why the young person is being referred:	

4. Presenting Needs/Concerns	
Field:	**Information:**
Education/Training/Employment:	
Health (physical/mental):	
Social/Emotional needs:	
Family/Living situation:	
Behavioural/Risk concerns:	
Other relevant information:	

5. Risks		
Known Risks:	**Risk Level: (Low/Medium/High)**	**Additional Notes:**

6. Support/Interventions Already in Place	
Please describe any current support, therapy or services in place for the young person:	

7. Desired Outcomes/Goals for Placement	
What is hoped to be achieved by placing the young person in supported accommodation?	

8. Consent & Safeguarding	
Has consent for referral been obtained from the young person and/or guardian?	[ ] Yes [ ] No

Are there any safeguarding concerns or child protection/safety plans in place?	[ ] Yes [ ] No Detail:

9. Referring Person Declaration		
I confirm that the information provided is accurate to the best of my knowledge and that the young person has consented to this referral where appropriate.		
Name:	**Signature:**	**Date:**

10. For office use only

Field:	**Notes:**
Date referral received:	_____
Impact risk assessment date:	_____
Placement decision/outcome:	_____