

## Essex outreach referral form

You can refer yourself or someone else for Peabody's outreach service by filling in this form. Once completed, please email it to: [efsc0-ordinator@peabody.org.uk](mailto:efsc0-ordinator@peabody.org.uk)

What type of referral is this?	Self	<input type="checkbox"/>	Agency	<input type="checkbox"/>
Date of referral				
<p><b>By submitting and agreeing to this referral, the person who is applying for this service (the customer) understands that Peabody will store and process this information as outlined in the Peabody privacy notice. The customer has rights under the Data Protection Act 2018 and they can exercise these rights at any time by contacting Peabody.</b></p> <p>Signed (Customer or Referrer): _____</p>				
Do you/does the customer have any special communication needs e.g. large print, alternative language/interpretation etc.?				
Has the customer agreed to this referral?	Yes	<input type="checkbox"/>	If no, please give reasons why:	

About the referrer	
Name of referrer:	Agency:
Telephone:	Email:

About the customer	
Name of customer:	
Address	
Postcode	Local Authority

Tel. nos.				Email:			
Date of birth:				NI no.			
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Other	<input type="checkbox"/>	Marital status:
Sexuality:				Religion:			
Ethnic origin:				Nationality:			
Household Type:							
Single	<input type="checkbox"/>	Couple	<input type="checkbox"/>	Family with child/ren dependants	<input type="checkbox"/>	Family with Adult Dependants	<input type="checkbox"/>
COVID-19 IMPACT: Has the customer been impacted by COVID-19? Please tick appropriately:							
Financial	<input type="checkbox"/>	Health/Wellbeing	<input type="checkbox"/>	Housing	<input type="checkbox"/>		
What is the customer's accommodation status?							
Homeowner	<input type="checkbox"/>	Tenant	<input type="checkbox"/>	Living w/family	<input type="checkbox"/>	Living w/friends	<input type="checkbox"/>
Length of time at this address				How long have you lived in this area?			
Is the customer homeless or at risk of losing their accommodation?				Homeless	<input type="checkbox"/>	At risk	<input type="checkbox"/>
If the customer is a tenant, please provide landlord details:							

Does the customer have a next of kin? If so, please provide details:				
Name and relationship				
Contact numbers.				
Address				
May we contact the next of kin if required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

What is the customer's source of income?										
Employed:				Temp	<input type="checkbox"/>	P/T	<input type="checkbox"/>	F/T	<input type="checkbox"/>	
Other income/welfare benefits:										
UC	<input type="checkbox"/>	IS/ESA/JSA	<input type="checkbox"/>	PIP (DLA/AA)	<input type="checkbox"/>	Pension	<input type="checkbox"/>	No income	<input type="checkbox"/>	Other (please state):

Is the customer registered with a GP?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the customer consider themselves to be disabled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please describe the disability:				
Is this an urgent referral?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please describe the immediate need:				
Are there any other needs?				

## Risk screening

Risk type	Details/triggers/management	Risk to whom	
<b>Environmental</b> Detail any risk factors from service user's accommodation or surrounding areas <ul style="list-style-type: none"> <li>Poor accessibility</li> <li>Standard of accommodation (internal/common areas/external)</li> <li>Other</li> </ul>		Self	<input type="checkbox"/>
		Visitors	<input type="checkbox"/>
		Neighbours	<input type="checkbox"/>
		Staff	<input type="checkbox"/>
		Other	<input type="checkbox"/>
<b>Vulnerability</b> Detail any risks to the customer from others e.g. <ul style="list-style-type: none"> <li>Known neighbourhood issues</li> <li>Inappropriate relationship building</li> <li>Risk of abuse</li> <li>Domestic abuse</li> <li>Other</li> </ul>		Self	<input type="checkbox"/>
		Visitors	<input type="checkbox"/>
		Neighbours	<input type="checkbox"/>
		Staff	<input type="checkbox"/>
		Other	<input type="checkbox"/>
<b>Substance misuse</b> Any known problems in this area, details of the extent of the problem, whether any help is being sought or provided etc.		Self	<input type="checkbox"/>
		Visitors	<input type="checkbox"/>
		Neighbours	<input type="checkbox"/>
		Staff	<input type="checkbox"/>
		Other	<input type="checkbox"/>
<b>Mental Health</b> Any known risks in this area <ul style="list-style-type: none"> <li>Suicide/self harm</li> </ul>		Self	<input type="checkbox"/>
		Visitors	<input type="checkbox"/>
		Neighbours	<input type="checkbox"/>

<ul style="list-style-type: none"> <li>• Eating disorders</li> <li>• Diagnosis</li> <li>• Engagement with services</li> <li>• Other</li> </ul>		Staff	<input type="checkbox"/>
		Other	<input type="checkbox"/>
<b>Risks from the customer</b> Any known risks to others e.g. <ul style="list-style-type: none"> <li>• Physically/sexually abusive</li> <li>• Verbally/mentally abusive</li> <li>• Inappropriate relationship building/behaviour</li> <li>• Weapons</li> <li>• Criminal Convictions/Cautions</li> <li>• Other</li> </ul>		Self	<input type="checkbox"/>
		Visitors	<input type="checkbox"/>
		Neighbours	<input type="checkbox"/>
		Staff	<input type="checkbox"/>
		Other	<input type="checkbox"/>
<b>Physical Health</b> <ul style="list-style-type: none"> <li>• Mobility issues</li> <li>• Life limiting conditions</li> <li>• Contagious/transferrable conditions</li> <li>• Other</li> </ul>		Self	<input type="checkbox"/>
		Visitors	<input type="checkbox"/>
		Neighbours	<input type="checkbox"/>
		Staff	<input type="checkbox"/>
		Other	<input type="checkbox"/>
<b>Other Risks</b>		Self	<input type="checkbox"/>
		Visitors	<input type="checkbox"/>
		Neighbours	<input type="checkbox"/>
		Staff	<input type="checkbox"/>
		Other	<input type="checkbox"/>
<b>Other agency involvement</b> Please use this space to advise of any other agencies/professionals that you are aware of being involved with the customer.			
<b>Name</b>	<b>Agency/position</b>	<b>Phone/email</b>	
<b>Involvement</b>			
<b>Name</b>	<b>Agency/position</b>	<b>Phone/email</b>	
<b>Involvement</b>			

Thank you. Please send the completed form to: [efSCO-ordinator@peabody.org.uk](mailto:efSCO-ordinator@peabody.org.uk)