|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of referral:** | |  | | **EDAN Staff Initials**  ***(if applicable)*:** | | | | | | | |  | | | | |
| **Client First Name:** | |  | | **Client Date of Birth:** | | | | | | | |  | | | | |
| **Client Surname:** | |  | | **Client Age:** | | | | | | | |  | | | | |
| **Client Alias (if applicable)** | |  | | **Please confirm client has consented to this referral:** | | | | | | | | **Yes** | | | | |
| **Client Details:** | | | | | | | | | | | | | | | | |
| **Client Address (including postcode):** | | |  | | | | | | | | | | | | | |
| **Is client a Lincolnshire Resident:** | | | **Yes** | | | | | | **No** | | | | | | | |
| **What is the client’s Gender?** | | | **Male** | |  | **Non-Binary** | | | | | |  | | | **Prefer not to say** |  |
| **Female** | |  | **Prefer to self-describe** | | | | | |  | | | **Other** |  |
| **What is the client’s biological sex (as assigned at birth?** | | | **Male** | |  | | **Female** | | | |  | | **Prefer not to say** | | |  |
| **What is the clients sexual orientation?** | | |  | | | | | | | | | | | | | |
| **Ethnicity of client:** | | |  | | | | | | | | | | | | | |
| **Does the client require an interpreter?** | | | **Yes** | | | | | | | **No** | | | | | | |
| *If yes, what language is required?* | | |  | | | | | | | | | | | | | |
| **Client’s telephone contact number:** | | | **Is it safe to:** | | | | | | | | | | | | | |
|  | | |  | | | | | **Yes** | | | | | | **No** | | |
| **Call** | | | | |  | | | | | |  | | |
| **Text** | | | | |  | | | | | |  | | |
| **Leave Voicemail** | | | | |  | | | | | |  | | |
| **Client’s Email Address:** | | | **Is it safe to email?** | | | | | **Yes** | | | | | | **No** | | |
|  | | |
| **Details of a trusted 3rd party we can safely contact should we be unable to contact the client?** | | | ***Consent from client to share it is EDAN Lincs calling?* Yes** | | | | | | | ***If yes, please provide name, and contact details:*** | | | | | | |
| **Does the client have a disability including communication needs?** | | | ***If yes, please provide details:*** | | | | | | | | | | | | | |
| **Yes** | **No** | |  | | | | | | | | | | | | | |
| **Does the client have any mental health issues?** | | | ***If yes, please provide details:*** | | | | | | | | | | | | | |
| **Yes** | **No** | |  | | | | | | | | | | | | | |
| **Does the client have any alcohol support needs?** | | | ***If yes, please provide details:*** | | | | | | | | | | | | | |
| **Yes** | **No** | |  | | | | | | | | | | | | | |
| **Does the client have any drug support needs?** | | | ***If yes, please provide details:*** | | | | | | | | | | | | | |
| **Yes** | **No** | |  | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Has the client previously utilised safe accommodation in any location?** | | | | ***If yes, when was this?*** | | | | **Less than 6 months** | | |  | |
| **Yes** | **No** | | |  | | | | **6-12 months** | | |  | |
|  |  | | |  | | | | **Over 12 months** | | |  | |
| **How long has the client been experiencing domestic abuse before accessing support?** | | | | | | | | | | | | |
| **Less than 6 months** | | | | | **6-12 months** | | | | **Over 12 months** | | | |
| **Please select all the types of domestic abuse the client has been experiencing:** | | | | | | | | | | | | |
| **A pattern of controlling/ coercive behaviour** | | | | | | **Sexual violence/abuse** | | | | | | |
| **Current physical abuse, violence or threatening behaviour** | | | | | | **Stalking/Harassment** | | | | | | |
| **Repeated emotional/psychological abuse** | | | | | | **Financial Abuse** | | | | | | |
| **Potential honour-based violence and/or female genital mutilation** | | | | | | | | | | | | |
| **Please provide reason for professional involvement and a brief summary of information relating to domestic abuse resulting in this referral:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Perpetrator Details:** | | | | | | | | | | | | |
| **Perpetrator Name:** | |  | | | | **Perpetrator Ethnicity:** | | | |  | | |
| **Perpetrator DOB:** | |  | | | | **Perpetrator Address including postcode:** | | | |  | | |
| **What is the client’s relationship to the perpetrator?** | | | | | |  | | | | | | |
|  | | | | | | | | | | | | |
| **Children’s Details:** | | | | | | | | | | | | |
| **How many children are to be considered for safe accommodation:** | |  | | | | **Ages of children:** | | | |  | | |
| **\*\*Confidential Professional Information – not to be shared with client\*\*** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Referrer Name:** | | |  | | | | | | | | | |
| **Referring Agency:** | | |  | | | | **Referring Department:** | | | | |  |
| **Referrer Telephone Number:** | | |  | | | | **Referrer Email Address:** | | | | |  |

*For further advice and support please contact the Single Point of Access Team on 01522 510041 option 1 or email lincsrefugespa@edanlincs.org.uk.*