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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Completion:** | | |  | | | | | | | | **Staff Member Initials Only:** | | | | | | | |  | | | | | | | |
| **Your Details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Your First Name:** | | |  | | | | | | | | **Your Surname** | | | | | | | |  | | | | | | | |
| **Alias***: if applicable* |  | | | | | **Your Date of Birth** | | | | |  | | | | | **Your Age:** | | | | | | | |  | | |
| **Current Address (including postcode):** | | | | | |  | | | | | | | | | | **How long have you lived at this address?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Fled Address (including postcode):** | | | | | |  | | | | | | | | | | **How long did you live at this address?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Please provide up to a 5-year address history if not captured above, if this is unknown, please provide areas of residency over this timeframe if possible:** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Are you a resident of Lincolnshire?** | | | | | | **Yes** | | | | | | | | | **No** | | | | | | | | | | | |
| **What is your telephone number:** | | | | | |  | | | | | |  | | | | |  | |  | | |  | | | |  |
| **Is it safe to?** | | | | | |  | | | | | | | **Yes** | | | | | | | | **No** | | | | | |
| **Call** | | | | | | |  | | | | | | | |  | | | | | |
| **Text** | | | | | | |  | | | | | | | |  | | | | | |
| **Leave voicemail** | | | | | | |  | | | | | | | |  | | | | | |
| **What is your 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 you?** | | | | | | ***Consent from yourself to share it is EDAN Lincs calling?* Yes** | | | | | | | | | | *If yes, please provide name, and contact details:* | | | | | | | | | | |
| **What is your gender?**  *Your voluntary answer will help us provide inclusive and appropriate services.* | | | | | | **Male  Female  Non-Binary  Prefer to self-describe**  **Prefer not to say  Other** | | | | | | | | | | | | | | | | | | | |  |
| **What is your biological sex (as assigned at birth)?**  *This information is collected to ensure compliance with legal and reporting requirements, such as the Equality Act. Your response will be handled with confidentiality and used solely for this purpose.* | | | | | | **Male  Female  Prefer not to say** | | | | | | | | | | | | | | | | | | | | |
| **What is your sexual orientation?**  *Your response will be handled with confidentiality* | | | | | | **Heterosexual or Straight  Gay or Lesbian  Bisexual  Other** | | | | | | | | | | | | | | | | | | | | |
| **What is your ethnicity?** | | | | | |  | | | | | | | | | | **Please confirm you have Recourse to Public Funds** | | | | | | | | | | |
| **Yes  Unknown** | | | | | | | | | | |
| **Do you require an interpreter?** | | | | | | **Yes  No** | | | | | | | | | | **If yes, what language is required?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Do you have a disability** including any communication needs? | | | | | | **Physical  Mental** | | | | | ***Please provide details:*** | | | | | | | | | | | | | | | |
| **Yes** | | **No** | | | |
| **Do you have any mental health issues?** | | | | | | ***Diagnosed***  ***Not diagnosed*** | | | | | ***If yes, please provide details:*** | | | | | | | | | | | | | | | |
| **Yes** | | **No** | | | |
| **Do you have any alcohol support needs?** | | | | | | ***If yes, please provide details:*** | | | | | | | | | | | | | | | | | | | | |
| **Yes** | | **No** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Do you have any drug support needs?** | | | | | | ***If yes, please provide details:*** | | | | | | | | | | | | | | | | | | | | |
| **Yes** | | **No** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Have you previously utilised safe accommodation in any location?** | | | | | | ***If yes, when was this?*** | | | | | | | | | | | | | | | | | | | | |
| **Yes  No** | | | | | | ***Less than 6 months*   *6-12 months*  *Over 2 months*** | | | | | | | | | | | | | | | | | | | | |
| **Please provide details of prior safe accommodation locations/ dates and reason for leaving:** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Please provide a physical description of yourself:** | | | | | | **Height** | | | | | | **Hair** | | | | **Glasses** | | | | | | | **Distinguishing Features** | | | |
|  | | | | | |  | | | |  | | | | | | |  | | | |
| **Do you have access to a vehicle?** | | | | | | **Make** | | | | | | **Model** | | | | **Colour** | | | | | | | **Number Plate** | | | |
| **Yes  No** | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | |
| **How long have you 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 you have 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 a brief summary of why refuge accommodation is being sought at this time, including any immediate risks, safety concerns, or circumstances contributing to the need for safe housing.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How did you hear about our service?** | | | | **GP  Hospital  111  LDASS  Employer  Police  Adult Social Care  Children’s Social Care  LCC  National Helpline  Other support service** | | | | | | | | | | | | | | | | | | | | | | |
| **Perpetrator Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Perpetrator Name:** | | | |  | | | | | **Perpetrator Ethnicity:** | | | | | | | | |  | | | | | | | | |
| **Perpetrator DOB:** | | | |  | | | | | **Perpetrator Address including postcode:** | | | | | | | | |  | | | | | | | | |
| **What is your relationship to the perpetrator?** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Physical description of perpetrator** | | | | | | | | | ***Height:*** | | | | | ***Hair:*** | | | | | | ***Glasses:*** | | | | | ***Distinguishing Features:*** | |
|  | | | | |  | | | | | |  | | | | |  | |
| **Description of perpetrators vehicle** | | | | | | | | | **Make:** | | | | | **Model:** | | | | | | **Colour:** | | | | | **Number plate:** | |
|  | | | | |  | | | | | |  | | | | |  | |
| **Employment of perpetrator:** | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Children’s Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | **DOB** | | | | **Age** | | | | | | **Does child live with you?** | | | | | | | | | |
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| **Are you pregnant?** | | | | | | | | | | | **Due Date:** | | | | | | | | | | | | | | | |
| **Yes  No** | | | | | | | | | | |
| **Are UBB/children open to:** | | | | | | | | | | | **TAC  CIN  CP  PLO  Unknown** | | | | | | | | | | | | | | | |
| **Additional Details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are there any other household members requiring to flee with you/and children?** | | | | | **Yes**  **No** | | | *Please provide name/date of birth/relationship to yourself and the perpetrator:* | | | | | | | | | | | | | | | | | | |
| **Are there any professionals/ agencies involved with you or your family?** | | | | | **Yes** | | | | | | | | | | | | **No** | | | | | | | | | |
| **If yes, please provide details:** | | | | | **Name:** | | | | | | **Agency:** | | | | | | **Contact Details:** | | | | | | | | | |
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| **Do you give consent for us to contact them should we be unable to contact you?** | | | | | **Yes** | | | | | | | | | | | | **No** | | | | | | | | | |

***We will attempt contact 3 times over 2 days via the safe methods provided. Please be advised our telephone number will show as withheld.***

**Please call the Single Point of Access Team on 01522 510041 option 1 or email** [**lincsrefugespa@edanlincs.org.uk**](mailto:lincsrefugespa@edanlincs.org.uk) **for further advice or support. Alternatively, please view our website edanlincs.org.uk.**