



Hammersley Homes

HAMMERSLEY HOMES OUTREACH PROGRAMME

REFERRAL FORM

to be completed by the person making the referral

Hammersley Homes offers support for people living with enduring mental health challenges. We offer companionship, friendlessness, empathy, and kindness to help enrich people's lives. Please complete the referral form in as much detail as possible. The information you provide will help us find the most suitable volunteer and support for your client.

Please note that all information supplied will be treated as confidential. By returning this form, the person being referred consents to Hammersley Homes processing their data for the purposes of receiving the support service.

Hammersley Homes is a charity, reliant upon fundraising initiatives to support and expand our services sustainably. We are keen to expand our Outreach Service to support more Members and continue to raise awareness of the challenges faced by our Member group.

After a 3-month free trial period, and if continued support is required, a Membership Fee of £30 per calendar month will apply, to contribute towards the running costs of the Outreach Service.

Once completed please submit via our website portal at
<https://hammersleyhomes.org/referral-platform/>

| Details of Person Referred: | |
|-----------------------------|--|
| Title | |
| Name | |
| Address & postcode | |
| Date of Birth | |
| Gender | |

Is the person aware that the referral is being made?

Yes

No

Has the person being referred, completed the Membership Application Form?

Yes

No

The person being referred must be aware of this referral and have completed the Membership Application Form. The referred person must want to join the Hammersley Homes Outreach Programme and receive support.

| Details of Person Completing this form | |
|--|--|
| Currently we only accept referrals from Professionals. | |
| Name | |
| Relationship to person referred | |
| Organisation | |
| Address | |
| Phone number | |
| Email address | |

| GP | |
|---------------|--|
| Name | |
| Organisation | |
| Address | |
| Phone number | |
| Email address | |

| CMHT or Social Services Key Worker | |
|--|--|
| Name | |
| <i>Please note, to accept this referral, HH requires contact details for the Member's key worker. We will contact the Member's key worker regarding any concerns we have about the individual.</i> | |
| Organisation | |
| Address | |
| Phone number | |
| Email address | |

Current Up-to-date Risk Assessment Must be Attached to Referral Form

We understand some of these risk assessments are very comprehensive, but it is important we have all relevant information regarding any risk, or history of risk, to ensure the safety of both Members, Staff and Volunteers, and these documents are of course kept confidential - only shared with the staff or volunteers who are supporting that individual.

- Please provide information on the following, along with any other risks identified which might be relevant? (Past and current)
- diagnosis
- physical health issues
- risk to self
- risk to others
- risk from others
- safeguarding
- property assessment (Home Visit only) - any hazards identified, fire safety, space, lighting, temperature, etc.

Reason for referral

Please tell us anything you feel relevant to share with us about the persons current mental health, i.e. diagnosis, symptoms, triggers, how it can affect them in their everyday life, i.e., issues concerning communication, mood, behaviour, memory etc.

Does the person have a current up to date crisis plan in place?
If yes, please provide the crisis plan, if the person consents with it being shared with Hammersley Homes

What current network of support does the person have i.e., community nurse, meals on wheels, which you feel may be relevant.

Other Details:

| Please comment on the following: | |
|---|--|
| Mental Health | |
| Physical health, mobility | |
| Family and friends | |
| General health / medical information / history | |
| Any Risk Factors of the person using Hammersley Homes Support Services? | |

Does the person have current up-to-date care plans in place?

Yes

No

If yes, and the person consents, please send all care plans which could benefit the service our volunteers can provide to Hammersley Homes

| Is there anything else we should know? |
|--|
| |

| Please state whether, in your opinion, it is safe for the person referred to be taken out of their home on escorted visits if they choose to use the Home Visits Support Programme. Or if you feel the individual would benefit from support only in their home or remotely |
|---|
| |

| | |
|-----------|--|
| Name | |
| Date | |
| Signature | |

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