

**DROGHEDA HOMELESS AID ASSOCIATION LTD**

**REFERRAL FORM**

<b>Name of applicant:</b> _____	
<b>Current address of applicant:</b> _____ _____	
<b>Age:</b> _____	<b>D.O.B.</b> _____

**ACCOMMODATION HISTORY & NEED**

**Name and address of Referring organisation / agency:**

\_\_\_\_\_  
\_\_\_\_\_

**Contact name, position and telephone number within referring organisation:**

\_\_\_\_\_

**Why have you referred this person to Drogheda Homeless Aid?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Where is your client currently staying?**

- |                       |                            |  |                 |
|-----------------------|----------------------------|--|-----------------|
| <b>Hostel</b>         | <b>Bed &amp; Breakfast</b> | <b>Refuge</b>                            | <b>Hospital</b> |
| <b>Private flat</b>   | <b>Bedsit</b>              | <b>Staying with friends or relations</b> |                 |
| <b>Sleeping rough</b> | <b>Sleeping in a squat</b> | <b>Other</b>                             | _____           |

**How long has he stayed there?** \_\_\_\_\_

**Why is he moving out?** \_\_\_\_\_

**Have you registered your client for Local Authority Housing?**

**Yes                      No                      Don't know**

**Where have you registered him?**

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## **HEALTH**

*Please note that all referrals from an existing Health Board service must have an up to date medical card with a Drogheda General Practitioner prior to admission to Drogheda Homeless Aid.*

**Doctor's name & address:**

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**Medical Card Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Are you aware of any serious physical health problem your client may currently be suffering from or have suffered from in the past?**

**Yes                      No**

**If yes please elaborate.**

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**Has your client ever suffered from any psychiatric illness?**

**Yes                      No                      Don't know**

**If yes, please elaborate.**

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**Is he living with any psychiatric illness at present?**

**Yes                      No                      Don't know**

**If yes, please elaborate.**

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**Is he in contact with any support agency concerned with psychiatric illness or with any psychiatric unit?                      Yes                      No**  
**If yes, please give details.**

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**Is he on any type of medication?    Yes                      No**  
**If yes, please give details.**

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**Does your client have any learning difficulties?**  
**Yes                      No                      Don't know**  
**If yes, please elaborate.**

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**Have these difficulties been formally identified through the health board disability services?**  
**Yes                      No                      Don't know                      Not Applicable**  
**If Yes please elaborate**

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**PATTERNS OF BEHAVIOUR**

**Has your client has ever been the victim of violence?**

**Yes                  No                  Don't know**

**If yes, please elaborate.**

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**Has your client ever had an addiction problem?**

**Yes                  No                  Don't know**

*If yes, what form(s) has this taken?    Alcohol    Drugs    Gambling*

*Not applicable*

**Is he currently drinking, using unprescribed drugs, or gambling?**

**Yes                  No                  Don't know                  Not Applicable**

***If yes, please elaborate.***

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**Has he had contact with any addiction support service?**

**Yes                  No                  Don't know                  Not Applicable**

***If yes, please elaborate.***

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**Has he a criminal conviction?**

**Yes                  No                  Don't know**

**If yes, please elaborate.**

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**Has he had involvement with the Probation Service?**

Yes            No            Don't know  
If yes, please elaborate.

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**Has your client attempted ever to inflict serious self harm?**

Yes            No            Don't know

**Does your client have any behavioural problems?**

Yes            No            Don't know  
If yes, please elaborate.

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**Is he receiving any support / assistance from any services for these problems?**

Yes            No            Don't know            Not Applicable

If yes, please elaborate.

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<b>FINANCIAL SITUATION</b>
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**What is your client's main source of income?**

Employment            Unemployment Assistance            U/e Benefit  
Sickness benefit            Disability allowance            Pension  
Training allowance            Grant            Other \_\_\_\_\_

**If your client is on a pension or grant or another source of income, please state where it comes from, the amount method and when it is paid.**

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**What is your client's weekly income, method and day of payment?**

**GENERAL**

**In the event of your client leaving Drogheda Homeless Aid, do you wish to be contacted?**

Yes                  No

**Is there any other information that you would like to offer?**

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**Please note that this information has been gathered to help us provide your client with a service that will meet his needs. The information will be treated in confidence.**

**Signed (on behalf of referring organisation):** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_