

## **DOMESTIC ABUSE REFERRAL / INITIAL ASSESSMENT**

Send completed form to: [admin@nonviolentiamcic.co.uk](mailto:admin@nonviolentiamcic.co.uk)

In order to access this Exempt Accommodation Service, the applicant must have a qualifying level of support needs. It is important to understand the criteria for support is met under the DWP legislation.

**The applicant's willingness participation in ALL Identified support areas is crucial to the offer of Accommodation. failing which the Accommodation cannot be offered.**

We cannot house registered sex offenders, convicted arsonists or children unless you have a specific licence to do so.

Situational Information	Please fill in blank spaces	Personal Information	Please fill in blank spaces
Origin of Referral		Full Name	
Date of Assessment		Date of Birth	
Ethnicity / Religion		National Insurance Number	
Language		Mobile Number	
Interpreter required Y/N		Email Address	
Recourse to Public Funds		Current Full address	
Access to UC		Postcode	
Access to HB		Current type of Accommodation (Hostel, Homeless, Friends/family, Custody, HAR, Owner, Hospital, Private rent etc)	
Occupation Status (employed, unemployed, unemployed with incapacity to work)		Dependents (children) full name	
no. Hours & Job Title		Gender	
Source of Income		Date of Birth	
Type of Benefits		Relationship to client	
Other Info		Dependents current address	
Space for other info		Dependents child protection plan? any CYPS Involvement	

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<b>Domestic Abuse Information</b>	Please fill in blank spaces
<b>Perpetrators Full Name</b>	
<b>Perpetrators Date of Birth</b>	
<b>Perpetrators Gender</b>	
<b>Perpetrators Address</b>	
<b>Perpetrators Relationship to Client</b>	
<b>Still have contact with Perpetrator</b>	
<b>Area's of Risk (Location)</b>	

### 1.5 REASON FOR REFERRAL (to be completed for All referrals not DV/DA specific )

<b>HISTORY OF DOMESTIC ABUSE</b>	<b>REASON FOR HOUSING REQUIRMENT</b>
Please give as much background as possible	
<b>CURRENT SITUATION</b>	<b>OTHER INFORMATION</b>

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### 1.7 RISK ASSESSMENT

<b>Key: L – Low, M – Medium, H –</b>
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<p><b>*Risk assessment (we will not accept referrals without a current risk assessment)</b>          Please provide information below (or send current risk assessment)</p>		
<b>Does applicant have a history of:</b>	<b>L/M/H</b>	<b>Details: please complete in all cases</b>
<b>Indicate risk level: low/medium/high</b>		<b>Triggers / potential victims etc. How identified Risks will be managed</b>
Violence, aggressive behaviour		
Self-harm / suicide / mental health formal diagnosis		
Drug / alcohol misuse		
Child protection issues		
Sexual or schedule 1 offence		
Criminal convictions / offences		
Self-neglect / neglect of others		
Antisocial behaviour		
Damage to property		
Neighbourhood problems		
Arson		
Rent arrears		
Any other information		
Is the applicant at risk of harm from others? If yes please state by whom and provide details		
Should any precautions be taken into account when interviewing the applicant in addition to those normally taken in relation to H&S good practice		