

## Kiran Support Services Refuge Referral Form



Please complete using black ink and in capitals

<b>If you are referring to KSS please complete below</b>	
Name of your agency: Your name: Your email address: Your contact number:	
<b>KSS Staff Details</b>	
Name: Date: Time:	
<b>If self-referring please tick here</b>	<input type="checkbox"/>
<b>Applicant's Personal details:</b>	
Name:	
Telephone number:	
Is it safe to call/ text/ leave a voice message?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of birth: National Insurance Number:	
Email address:	
Does the applicant have a connection with the area[s] in which the refuge[s] are based?	Waltham Forest <input type="checkbox"/> Brent <input type="checkbox"/>
Faith/religion:	
Ethnicity:	
Sexual Orientation:	
Preferred language and others spoken. To what extent the applicant speaks English? [to ascertain translation needs if required]	
Does the applicant consider themselves to have a disability (state nature/ is additional	

equipment required to meet the applicant's needs)?	
<b>Applicant's Immigration status:</b>	
Nationality:	
Visa Details if applicable: Date of Arrival in UK: Visa expiry date:	
Proof of status seen / not seen?	Passport <input type="checkbox"/> Home Office Letter: <input type="checkbox"/>
<b>Benefits applicant may be receiving:</b>	
Type:	Universal Credit <input type="checkbox"/> Child Benefit <input type="checkbox"/> Job Seekers Allowance <input type="checkbox"/> Carer's Allowance <input type="checkbox"/> Tax credit [work/child] <input type="checkbox"/> Personal Independence Payment <input type="checkbox"/> Employment Support Allowance <input type="checkbox"/> National Asylum Seekers Support <input type="checkbox"/>
Employed details if applicable Name of employer: Work details:	
Other source of income if applicable:	
<b>Applicant's Previous address:</b>	
Fleeing from address:	Postcode:
Type of accommodation:	Owned <input type="checkbox"/> Rented <input type="checkbox"/> Temporary <input type="checkbox"/> Refuge <input type="checkbox"/>
Present address (Currently residing)	Postcode:

<b>To be completed if the applicant is currently a tenant:</b>	
Type of tenancy:	
Name on tenancy:	
Has the applicant ever held a tenancy in their own name? In which area? When and why did the applicant leave?	
Is the applicant currently in rent arrears?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the applicant have a payment plan in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please provide details:	
Has the applicant ever been evicted or had a property re-possessed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant any current applications for housing with a local authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, state local authority:	
<b>To be completed if applicant has previously stayed in a refuge</b>	
Name of refuge:	
Area:	
Details:	
Were there rent arrears?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving? [e.g. evicted/tracked by perpetrator/other]	
<b>To be completed if applicant has children</b>	<b>[Continue on additional sheets if required – sign/case reference and date all sheets]</b>
Child 1: Name/DoB/Age/gender/ethnicity Name of school/nursery if enrolled:	
Child 2: Name/DoB/Age/gender/ethnicity Name of school/nursery if enrolled:	

Child 3: Name/DoB/Age/gender/ethnicity Name of school/nursery if enrolled:	
Child 4: Name/DoB/Age/gender/ethnicity Name of school/nursery if enrolled:	
Are the children joining the applicant?  If no, who is responsible for them and where will they be living?	Yes <input type="checkbox"/> <span style="float: right;">No <input type="checkbox"/></span>
Is the applicant pregnant?	Yes <input type="checkbox"/> if yes, due date:  No <input type="checkbox"/>
Do any of the children have special needs? If so, specify details for each of the children who will be staying with applicant	
Are any of the children on the Child Protection Register/ Child in Need? If so, provide details	
Do any of the children have care orders? If so, provide details	
<b>Details of the domestic abuse experienced by the applicant [record last incident; frequency; whether applicant has fled previously]</b>	<b>Note Harmful Practices if applicable: Female Genital Mutilation/Forced Marriage/Honour Based Violence and/or any other abuse such as sexual violence/coercion/financial exploitation/elder abuse</b>

Has the applicant been hospitalised due to domestic abuse?  Details of Hospital with dates:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were the police involved? If so, provide date[s]/crime reference number[s]	
Is a Non-Molestation Order in place? If so, state date granted and date of expiration	
Has/ is a MARAC been held/due in respect of the applicant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Applicant's medical history</b>	<b>NB. Kiran Support Services is unable to accommodate women with high support/dependency needs in its refuges</b>
How is the applicant feeling/coping? Detail any anxiety/depression or concerns the applicant may be experiencing and/or any diagnosed mental health needs	
Has the applicant ever had any suicidal thoughts?	
Has the applicant ever caused injury to themselves? E.g. cutting/substance abuse?	
Has the applicant ever caused harm to others? If so, provide details	
Does the applicant currently have any physical health needs or injuries? If so, provide details and whether these are being treated and by whom	
Is the applicant currently being prescribed or taking medication? If so, please detail the type and name and contact details of the prescribing doctor/clinic	
Does the applicant have high support/dependency needs? If yes, consult a manager/ senior worker	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Applicant's legal history</b>	
Has the applicant:	
Been charged with an offence	Yes <input type="checkbox"/> No <input type="checkbox"/>
A criminal record	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spent time in prison	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, please provide additional details:	
<b>COVID Details</b>	
Do you have any of the following:	Yes <input type="checkbox"/> (If yes please state)
Cough, cold, diarrhoea, sore throat, body pain, headache, temp over 37.8, tiredness or breathing difficulties?	No <input type="checkbox"/>
Have you travelled in the past 14 days?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please provide details)
	Date of travel:
	Country of travel:
Have you been recently asked to self-isolate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had your two Covid vaccination?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>END</b>	
Please email completed form to : <a href="mailto:Info@kiranss.org.uk">Info@kiranss.org.uk</a>	
Please use this space for any additional information.	

<b>For Office Use Only</b>	
Action taken by staff member Staff name / Action:	
If refused, reason for refusal:	
Applicant outcome:	Accepted <input type="checkbox"/> Refused <input type="checkbox"/> Accepted but did not arrive <input type="checkbox"/> Advice/signposting given <input type="checkbox"/> No space available <input type="checkbox"/>
Upload to LL	Date Uploaded: Staff Initials:
Source of Referral:	Web <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/>

Please ensure that any additional sheets used each carry the case reference number/and are signed and dated by the person completing the form