



REFERRAL FORM

Have you spoken to the young person about making a referral and providing personal information? Y [] N []
If NO, REBOUND cannot process this referral until the person has given consent

Has the young person accessed the service before? Y [] N []

Date: Referral taken by:

1. Young Person

Forename: Surname: D.O.B.: Age:
Gender: M / F Disability: (physical/ learning) Is an interpreter/ signer required?
Ethnicity:

Table with 4 columns for ethnicity categories: White British, White Irish, Any other White background, Mixed White & Black Caribbean, Mixed White & Black African, Mixed White & Asian, Any other Mixed background, Asian or Asian British Indian, Asian or Asian British Pakistani, Asian or Asian British Bangladeshi, Any other Asian background, Black or Black British African, Any other Black background, Chinese, Not stated, Any other ethnic category.

2. Background Information

Address:

Postcode: Tel. No. YP Contactable at address/ tel. no. Y [] N []

Is the parent/ carer/ family aware of the referral? Y [] N [] Tel. No.

Is there a risk in visiting the home? Y [] N [] If yes - please give details).....

Table with 4 columns for living arrangements: Living with Parent (s), Family/Friends, Residential School, Supported Housing/Hostel, Children's Home- LA, Renting/Independent Living, Own Home, Children's Home- Private, No Fixed Abode, Foster Care, YOI, Other.

Other Support networks, people in regular contact:

Drug use in the household/ family and if accessing support around drugs?

Does the Young Person have caring responsibilities? Y [] N []

Is the Young Person or any other family member on the child protection register? Y [] N []

Key Significant Others (currently or previously involved with young person/ family, e.g. GP/ YOT/ Social Services/ CAMHS/ T3/ Connexions/ Education/ Other, including lead professional details):

Table with 4 columns: Agency/ Role, Contact Name, Telephone Number, Current/ Previous Contact.

Has a screening tool or CAF been completed with the young person? If Yes, please give details:

Is the young person part of a Child Wellbeing Meeting/Plan? Y/N Date of last/next mtg:

Is the young person currently or at any stage due to work with the youth offending team? If Yes, please give details:
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3. Substance Use

YOUNG PERSON/ CARER/ OTHER	MAIN DRUG(S) OF CHOICE	SINCE WHEN?	METHOD OF USE? HOW OFTEN?	HOW MUCH? WHERE? IN WHAT CONTEXT

If abstinent please state approximate time: Any overdose incidents? Y N

Current or previous injecting behaviour: Mixing/ using multiple drugs? Y N

4. Risk Assessment

Any mental health concerns affecting the person or the family? Y N

Is the person known to self harm in any way? Y N

Is there a pattern of involvement in risky behaviour? Y N

(e.g sleeping rough, intoxicated in public places, absconding, unsafe sex, offending, associating with adult drug users)

Is the young person socially isolated? Y N

(e.g. poor support network, excluded from school)

Is the young person using opiates, stimulants or volatile substances? Y N

Is the young person at immediate risk if they do not receive a service? Y N

5. Method of Contact

Where does the YP wish to be seen? (Hubs, Outreach, Home)?

Preferred Method of Contact (letter/ phonecall/ text)?

6. Referrer's Details

Referrer's Name: Relation to Young Person:

Agency Name & Dept:

Contact Details (inc. tel. no.):

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Do you wish to be informed of the outcome of this referral? Y or N (If Yes, we will endeavour to contact you within 20 days)

Where did you hear about us?

Please return this form to: Rebound Substance Misuse Service, The Base, Green Lane, Carleton, Pontefract, WF8 3NW. Tel: 01977 599912/ Email: rebound@cri.org.uk

For office use only

Allocated Keyworker: Date:

Date of Assessment:

Referral Inappropriate (reason)