



A Registered Charity & Company Limited by Guarantee

**HOUSING & SUPPORT FOR PEOPLE WITH MILD TO MODERATE MENTAL
HEALTH NEEDS**

**REFERRAL
PACK**

Chief Executive Officer: Sue Tagliarino, Hon. Secretary: Cathy Redman
37, London Road, Newcastle-under-Lyme, ST5 1LN.

Tel: 01782 634510 Fax: 01782 625677 Email: referrals@thelymetrust.co.uk

REFERRING AGENCY			
Agency:			
Contact Name:			
Tel:		Email:	

PERSON REQUIRING ACCOMMODATION	
Name	Title
Date of Birth	
Current Address	
Telephone	
Marital Status	
Has this person been a resident of the Lyme Trust before?	

NEXT OF KIN / EMERGENCY CONTACT	
Name	Title
Address	
Telephone	
Relationship	
Is Contact Maintained?	

PLEASE USE THIS SPACE BELOW TO GIVE A 'PEN PICTURE' OF THE PERSONS CURRENT CIRCUMSTANCES, WHICH WILL HELP TO ENSURE THE CORRECT LEVEL OF SUPPORT CAN BE ACHIEVED

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DOES THE PERSON HAVE A HISTORY OF MENTAL HEALTH ISSUES?

(If YES, please specify & detail any current issues and/or treatment below. Please include any psychiatric hospital admissions)

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SUPPORTING SERVICE(S)

Name:

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Tel/Email:

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DOES THIS PERSON HAVE ANY PHYSICAL ILLNESSES/CONDITIONS THAT REQUIRE ONGOING SUPPORT?	
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(If YES, please specify & detail any current issues/treatment below, including hospital admissions)

SUPPORTING SERVICE(s)

Name:		Tel/Email:	
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IS THE PERSON CURRENTLY PRESCRIBED ANY MEDICATION?	
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(If YES, please specify & detail below)

MEDICATION	DOSAGE	REASON

DOES THE PERSON HAVE A HISTORY OF SUBSTANCE MISUSE?		
(If YES, please specify & detail any current issues/treatment below)		
SUPPORTING SERVICE(s)		
Name:		Tel/Email: <input type="text"/>

DOES THE PERSON HAVE A HISTORY OF ALCOHOL MISUSE?		
(If YES, please specify & detail any current issues/treatment below)		
SUPPORTING SERVICE(s)		
Name:		Tel/Email: <input type="text"/>

DOES THE PERSON HAVE A CRIMINAL CONVICTIONS (SPENT OR UNSPENT)?	
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(If YES, please specify & detail below)

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PROBATION / IOM INVOLVEMENT:

Name:		Tel/Email:	
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Address:	
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HAS THIS PERSON SHOWN ANY VIOLENT OR AGGRESSIVE BEHAVIOURS TOWARDS OTHERS?	
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(If YES, please specify below)

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PLEASE USE THIS SPACE BELOW TO GIVE AS MUCH INFORMATION ABOUT THE PERSONS FINANCIAL SITUATION. Please include:

- *Benefit Claims*
- *Outstanding debts*
- *Budgeting Skills*

PLEASE USE THIS SPACE BELOW TO GIVE AS MUCH INFORMATION ABOUT THE PERSONS INDEPENDENCE SKILLS, e.g. cooking, shopping, laundry etc. (This information will help in finding the most suitable accommodation for the person).

PLEASE USE THIS SPACE BELOW TO PROVIDE ANY FURTHER INFORMATION RELEVANT TO THIS PERSONS APPLICATION FOR ACCOMMODATION.

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Completed By:

Date:

Signature:

PLEASE RETURN THE COMPLETED APPLICATION TO

referrals@thelymetrust.co.uk