

**BROOKE HOUSE**  
Home for LifeSuccess Rehabilitation Centre CIC  
Company Reg. Number: 6876851

**REFERRAL FORM**  
STRICTLY PRIVATE AND CONFIDENTIAL.

**SECTION 1. TYPE OF SERVICE REQUIRED. (Please tick)**

- Drugs Rehabilitation**    **Alcohol Rehabilitation**
- Post Traumatic Stress Disorder Rehabilitation**
- Other Addiction Rehabilitation**    **Supported housing**
- Floating support**

**NAME OF PREFERRED SERVICE:** \_\_\_\_\_  
 (Other than those stated above)

<b>GENERAL INFORMATION</b>		<b>Does applicant have a CPA:</b> Y/N
Preferred title: Miss, Ms, Mr, Mrs etc _____		<b>Is there a current risk assessment:</b> Y/N
Name:		<b>GP: Dr</b>
Known as:		<b>GP Address:</b>
Address:		<b>Tel No:</b>
Tel No:		<b>Consultant:</b>
Age:	DOB:	
Nat Ins No:		<b>Tel No:</b>
Religion:		<b>CPN :</b>
Ethnic Origin:		<b>Tel No:</b>

<b>First language:</b>		<b>Social Worker:</b>
<b>Speaks/understands English:</b>		<b>Tel No:</b>

<b>Nearest of relative:</b> <b>Address:</b>  <b>Tel No:</b>	<b>Statutory Key-worker:</b> <b>Address:</b>  <b>Tel No:</b>
<b>Who has responsibility for funding and benefits:</b>	<b>Detail of significant others involved in support:</b>

**SECTION 2**

<b>TO BE COMPLETED BY THE SERVICE USER:</b> <b>1. Briefly describe the sort of life you would like to achieve and the ambitions and goals you have for the future?</b>	
<b>2. What sort of support would you want from Brooke House to enable you to work towards this goal?</b>	
<b>3. How would you describe your life at present under the following headings?</b>	
<b>Accommodation</b> <b>What you do during the day</b>	<b>Are you satisfied with this area?</b>  <b>Yes/No</b> <b>Yes/No</b>

<b>Friendships</b>	<b>Yes/No</b>
<b>Family</b>	<b>Yes/No</b>
<b>Finance</b>	<b>Yes/No</b>
<b>Support from mental health services</b>	<b>Yes/No</b>

**4. Please indicate why you are making this application, for example do you see this as a positive move for you personally at this time in your life or is it a suggestion of the statutory worker**

**5. How would you describe your mental health and emotional state at this time in your life?**

**TO BE COMPLETED BY THE STATUTORY KEYWORKER OR OTHER HEALTH CARE PROFESSIONAL INVOLVED WITH THE SUPPORT OF THE APPLICANT.**

**1. Reason for referral. (Please indicate the reasoning for the chosen service)**

**2. Brief history.**

**3. Significant psychiatric history, (Include details of hospital admissions).**

**4. Details of current medication.**

**5. Current physical health issues.**

**6. What is your current involvement in support arrangements?**

**7. What is your assessment of the persons needs?**

**8. What will your involvement be in future support arrangements.**

**9. Are there any past or present risks that Brooke House should be aware of?**

- Arson Y / N
- Aggression and violence Y / N
- Self harm Y / N
- Exploitation Y / N
- Suicide Y / N
- Severe self neglect Y / N

• Other (please specify) \_\_\_\_\_

**Explain:**

**10. Are there any warning signs that usually precede risk issues / triggers?**

**11. Is the person currently subject to a section of the Mental Health Act? Y / N**

**If yes please indicate which Section.** \_\_\_\_\_

**Will the person be subject to a Section of the Mental Health Act during their placement? Y / N**

**If yes please indicate which section of the Mental Health Act** \_\_\_\_\_

**Is the person subject to Section 117 Y / N**

**12. Has funding for the placement been applied for? Y / N (Residential referrals only)**

**Status of funding: Pending / Approved**

**Name of budget holder:** \_\_\_\_\_

**Does the person have control of his/her finances Y / N**

**If no please specify:** \_\_\_\_\_

**If the person requires an appointee has this been arranged Y / N**

**13. How many hours of support has the individual been assessed as needing? (Residential and floating support only)**

\_\_\_\_\_ **hours per week.**

**14. Have the following reports been attached?**

**Medical report Y / N    Social Workers Report Y / N    Current CPA Y / N**

**These reports are required for all residential related services.**

**SECTION 3**

<b>Office Use Only</b>	
Date Accepted in Brooke House.....	
Deposit paid for Housekeeping £.....Officer's Signature.....	
Full board /Half Board Please indicate.....	
Comment(s).....	
.....	
.....	

<b>NO</b>	<b>Action List</b>	<b>Check</b>
<b>1</b>	<b>Referral Form Completed</b>	
<b>2</b>	<b>Proof of Income Letter from JSA confirming Benefit</b>	
<b>3</b>	<b>Proof of ID ( approved by Benefit Office) Passport/Birth Cert/Driver's licence etc</b>	
<b>4</b>	<b>Housing Benefit Form Completed By The Director</b>	
<b>5</b>	<b>Brooke House License Rent Agreement duly completed &amp; signed</b>	
<b>6</b>	<b>Landlord Mandate Authorising payment of HB direct to Landlord</b>	
<b>7</b>	<b>File Created Date.....</b>	
<b>8</b>	<b>Contact Log Sheets in file By Sandra</b>	
<b>9</b>	<b>Keys? By Director's Discretion after 4 weeks</b>	
<b>10</b>	<b>Deposit paid for Key</b>	



**Yvonne Jarvis**  
Founder

**BROOKE HOUSE**  
LifeSuccess Rehabilitation Centre

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# BROOKE HOUSE

LIFESUCCESS REHABILITATION CENTRE



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