



**The Fyffe Centre**  
Belvedere Road  
LOWESTOFT  
NR33 0PR  
Tel/Fax: 01502 569033  
Fax: 01502 501904

Agency Referral Form For Place At Fyffe Centre.

Please complete this form with the client you wish to refer and fax through or post to the above address for the attention of the "Senior Project Worker."

---

<b>Name of Client</b>	
-----------------------	--

**Referral Agency Details**

Title	
Name of person referring	
Address	
Telephone	
Fax	
E mail	
Relationship to client	
Has referral been discussed with the client?	

<b>Notes</b>
--------------

**Client Details**

Title	
Name	
Date of Birth	
National insurance number	
Gender	
Physical disability	
Smoker/ Non-Smoker	
Ethnicity	
Country of Origin	
Main language spoken Is an interpreter required?	
Marital status	
Current Address (including housing type e.g. B&B, shared housing etc)	
Contact Number:	
Length of time at current address	
Next of Kin Relationship Address	
Contact No: Home/ Mobile	
GP Name Address	
Telephone Number	
<b>Other Agencies Involved:</b>	
CAB [ ]	SOCIAL SERVICES [ ]
NORCAS [ ]	POLICE [ ]
CONNEXIONS [ ]	PROBATION SERVICE [ ]
EDUCATION [ ]	NCH [ ]
	OTHER

**Client Statement**

Please tell us in your own words why you would like a place at The Fyffe Centre and what you feel are your support needs.

**History And Current Issues**

Please give an outline of the client's relevant history and current situation including reference to the following and reasons for homelessness:

- Mental health or other diagnosis
- Offending history
- Violence or aggressive behaviour
- Racial, sexual or other harassments
- Drug or alcohol issues
- Suicidal or self harming behaviour
- Arrears/Debt
- Domestic Violence
- Relationship breakdown
- Child protection
- Arson
- Eviction
- Harassment
- Ability to manage practical task such as budgeting, shopping, paying bills/rent etc

Any additional reports will help us to better assess the clients suitability and possible level of support needs, please indicate any such reports you are able to provide or include.

Risk Assessment	Yes / No
Occupational Therapy report	Yes / No
Medical health report	Yes / No
Psychiatric report	Yes / No
Probation report	Yes / No
Forensic Report	Yes / No
Other (please state)	Yes / No

Reviewed and Amended 08-06-07