

**STEPPING STONE SUPPORT SERVICES  
SELF REFERRAL FORM**

# **Self Referral Form**

## **Supported Accommodation Projects**

***Ashburn House***  
School St  
Angel Meadow  
Heywood  
OL10 3EG

**TEL: 01706 366930  
FAX: 01706 361729**

***Parkside***  
Bowness Rd  
Langley  
Middleton  
M24 4WT

**0161 643 1722  
0161 653 0439**

***Redfearn House***  
Ings Avenue  
Rochdale  
OL12 7LH

**01706 526296  
01706 345302**

***Westgate***  
56 Westgate  
Burnley  
BB11 1RY

**TEL: 01282 422209  
FAX 01282 422235**

***Spa Mill***  
14 Whittle Court  
Burnley  
BB12 0LY

**01282 455780  
01282 455799**

***Spenser St***  
14 Whittle Court  
Burnley  
BB12 0LY

**01282 455780  
01282 455799**

# STEPPING STONE SUPPORT SERVICES SELF REFERRAL FORM

## Personal Details

<b>Today's Date</b>	
<b>Name</b>	
<b>Date of Birth</b>	
<b>Ethnic Origin</b>	
<b>Current Address</b>  <b>Current Landlord (if applicable)</b>	
<b>Contact telephone number</b>	
<b>National Insurance number</b>	
<b>Do you have any dependants?</b>	
<b>If so, please state their names and ages.</b>	
<b>Which Service are you applying to? Please tick</b>	<b>Ashburn House</b> <b>Parkside</b> <b>Redfearn House</b> <b>Westgate</b> <b>Spa Mill</b>

## STEPPING STONE SUPPORT SERVICES SELF REFERRAL FORM

Have you previously ever used any of the services offered by Stepping-Stone?

- Yes  
 No

1) If YES which services have you used and who was your linkworker / Floating Support Worker / Advice Worker?

Project	Dates if known	Support Worker
Parkside		
Redfearn House		
Ashburn House		
Westgate		
Spa Mill		
Spenser St		
Other Please state		

2) How did you find out about the service we offer?

.....  
 .....  
 .....  
 .....

3) Do you need any help or advice with any of the following?

Support Need	Yes	No
Applying for a tenancy		
Help with sorting out Utilities eg gas, electric and water.		
Help with Completing Forms		
Applying for Welfare Benefits		
Accessing Community Care Grants and Furniture Schemes		



## STEPPING STONE SUPPORT SERVICES SELF REFERRAL FORM

Do you have a history of? Please tick

	Current	Past
<b>Drug Misuse</b>		
<b>Alcohol Abuse</b>		
<b>Mental Health</b>		
<b>Violence</b>		
<b>Physical Health Problems</b>		
<b>Learning Difficulties</b>		
<b>Learning Disabilities</b>		

Please complete the appropriate contact details if you have been supported by any agencies around the following issues

	Agency Contact Name and address
<b>Drug Misuse</b>	
<b>Alcohol Abuse</b>	
<b>Mental Health</b>	
<b>Violence</b>	
<b>Physical Health Problems</b>	
<b>Learning Difficulties</b>	
<b>Learning Disabilities</b>	

Do you have any convictions relating to? Please tick

	Yes	No	Not Known
<b>Arson</b>			
<b>Assault</b>			
<b>Burglary</b>			
<b>Criminal Damage</b>			
<b>Drugs</b>			
<b>Sexual Offences</b>			
<b>Theft</b>			
<b>Violence</b>			

# STEPPING STONE SUPPORT SERVICES SELF REFERRAL FORM

## Needs Assessment

Please could you tick the appropriate box of how you would score your support needs in relation to the following:

Need	None	Low	Medium	High
Accommodation				
Welfare Benefits				
Legal Issues				
Health Issues				
Mental Health				
Drug Issues				
Alcohol Issues				
Learning Difficulties				
Debt / Financial Man				
Trng/Education				
Accessing Support Systems				
Independent Living Skills				

## Client Declaration

I understand that the information given on this form is to the best of my knowledge true and correct. I understand that if I have knowingly given false information this may jeopardise my acceptance onto the scheme.

I agree to inform Stepping Stone of any changes in my circumstances.

Signed:

Date:

**STEPPING STONE SUPPORT SERVICES  
SELF REFERRAL FORM**

**STEPPING-STONE PROJECT  
SERVICE USER RISK ASSESSMENT FORM**

NAME		DATE OF BIRTH	
ADDRESS			

**Presenting Problems (including views of service user, support staff and referrer):**

--

<b>Danger / Risk to Others</b>	<b>Current</b>	<b>Previous History</b>	<b>Brief Description of the risk and how it will be managed (if applicable)</b>	<b>Is the Risk Low, Medium or High</b>
Aggression / Violence to Others				
Arrest for Violence				
Conviction for violent or sexual offence				
Preoccupation / Obsession with weapons				
Arson / Fire Setting				
Hostage Taking				
Threats to kill / harm others				
Sexual abuse / Other abuse towards others				
Stalking / Harassment				
Other				

## STEPPING STONE SUPPORT SERVICES SELF REFERRAL FORM

<b>Self Harm</b>	<b>Current</b>	<b>Previous History</b>	<b>Brief Description of the risk and how it will be managed (if applicable)</b>	<b>Is the Risk Low, Medium or High</b>
Suicidal Attempts				
Suicidal Ideation				
Suicidal Plans				
Self-harm / Injury (e.g. cutting, poisoning, burning)				
Substance Misuse				
Other				

<b>Self Neglect</b>	<b>Current</b>	<b>Previous History</b>	<b>Brief Description of the risk and how it will be managed (if applicable)</b>	<b>Is the Risk Low, Medium or High</b>
Poor nutrition				
Poor personal hygiene				
Unable to cook / have good diet				
Unable to wash / dress self				
Poor budgeting				
Other				

<b>Vulnerability</b>	<b>Current</b>	<b>Previous History</b>	<b>Brief Description of the risk and how it will be managed (if applicable)</b>	<b>Is the Risk Low, Medium or High</b>
Non-compliance with medication				
Disengagement from mental health services				
Recent bereavement or loss				

## STEPPING STONE SUPPORT SERVICES SELF REFERRAL FORM

Sexual abuse / other abuse				
Victimisation				
Recent Discharge				
Recent Pregnancy				
Other				

**Assessment completed by:**

TITLE		NAME	
ADDRESS			
TELEPHONE			
FAX			
EMAIL			
RELATIONSHIP TO CLIENT			

Are you lacking appropriate information or unable to fully assess for other reasons? <i>If yes, please describe:</i>	Yes / No

<b>Signature:</b>		<b>Date:</b>	
-------------------	--	--------------	--

<b>Review Date:</b>	
---------------------	--