

SAFE HAVEN WOMEN'S HOUSING

SELF REFERRAL FORM

Confidential — Self Referral & Accommodation Assessment Form

Important: If you are in immediate danger, call 999 before completing this form. Do not include confidential accommodation addresses unless safe to do so.

1. YOUR DETAILS

Full Name

Preferred Name

Date of Birth

Age

Phone Number

Safe Contact Number (if different)

Email Address

Safe Email Address (if different)

Preferred Language

Do you require an interpreter?

Gender

National Insurance Number (if known)

2. SAFE CONTACT & URGENCY

Is it safe to contact you directly?

Is it safe to leave a voicemail?

Preferred contact method

Referral urgency

Please explain your current situation and urgency

3. CURRENT HOUSING SITUATION

What is your current accommodation situation?

Current address/location (if safe to provide)

Why is accommodation needed?

Brief summary of your current circumstances

4. DOMESTIC ABUSE & SAFETY CONCERNS

Are you currently experiencing domestic abuse?

Types of abuse experienced (if applicable)

Is the perpetrator aware of your current location?

Do you have any restraining orders or non-molestation orders?

Areas to avoid for safety reasons

Important safety information

5. CHILDREN, PREGNANCY & FAMILY INFORMATION

Are you pregnant?

If pregnant, due date

Do you have children?

Are children living with you?

Number of children

Do you require mother and child accommodation?

Safeguarding concerns relating to children

School, nursery, or family contact arrangements

6. HEALTH & WELLBEING

GP registered?

GP surgery

Physical health conditions

Allergies or medical alerts

Medication requirements

Mobility or disability needs

Do you require accessible accommodation?

Additional health information

7. MENTAL HEALTH & EMOTIONAL WELLBEING

Mental health experiences or diagnoses

Currently receiving mental health support?

Current mental health worker/team

Crisis plan in place?

Support needs, triggers, or risks

8. SUBSTANCE USE & RECOVERY SUPPORT

Do you currently use substances or alcohol?

Do you require recovery support?

Additional recovery or support information

9. BENEFITS, INCOME & HOUSING ELIGIBILITY

Current income or benefit status

Do you require benefits support?

Do you have ID documents available?

Debt or rent arrears concerns

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Immigration or NRPF restrictions known?

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10. SUPPORT NEEDS

What support would help you most?

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Preferred support style

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Frequency of support required

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Additional support information

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11. ACCOMMODATION REQUIREMENTS

Do you require women-only accommodation?

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Can you live safely in shared accommodation?

Can you follow shared accommodation house rules?

Room requirements

Pets or assistance animals

Preferred area/location

Areas to avoid for safety reasons

Special accommodation requirements

12. EQUALITY, CULTURAL & COMMUNICATION NEEDS

Interpreter required

Cultural or faith considerations

Dietary requirements

Female staff requested?

Literacy or digital support required?

LGBTQ+ safety considerations

Disability adjustments required

13. PROFESSIONAL SUPPORT & AGENCY INVOLVEMENT

Are any professionals currently supporting you?

Agency or professional contact details

14. CONSENT & INFORMATION SHARING

I understand this form will be used to assess accommodation suitability and support needs.

I understand Safe Haven may contact relevant agencies where appropriate.

I understand Safe Haven is not an emergency response service.

I understand placement is subject to suitability and availability.

I consent to information being processed for referral and support purposes.

Signature

Date

DOCUMENTS YOU MAY ATTACH (IF AVAILABLE)

- ID document (e.g., driving license, passport etc)
- Benefits information
- Risk assessment
- Support plan
- Medical information
- Court orders
- Housing documents
- Other relevant documents

IMPORTANT NOTICE

Safe Haven Women's Housing is not an emergency refuge or crisis intervention service.

If you are in immediate danger:

- Call 999
- Contact police services
- Contact local domestic abuse services
- Use emergency safeguarding pathways where appropriate

