



## Nextsmartstep: Referral & Risk Screening Form

Please complete this form and return to: [info@nextsmartstep.com](mailto:info@nextsmartstep.com)

For urgent referrals, please call 01375 802990

### 1. REFERRER DETAILS

- Name of Referrer: \_\_\_\_\_
- Organisation/Local Authority: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Contact Email: \_\_\_\_\_
- Contact Phone: \_\_\_\_\_
- Date of Referral: \_\_\_\_ / \_\_\_\_ / 202\_\_

### 2. APPLICANT OVERVIEW (GDPR COMPLIANT)

- Initials: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

• Current Location: (e.g., Prison, Hostel, Hospital, Family) \_\_\_\_\_

• Primary Support Need:

Homelessness / At Risk of Homelessness

Ex-Offender Transition

Substance Misuse Recovery

Mental Health Support

• Funding Status:

Funding Agreed

Funding Pending

Housing Benefit Only

### 3. RISK SCREENING CHECKLIST

Please indicate if there is a known history of the following (Yes/No):

Risk Category.	Yes.	No Details (Frequency/Date of Last Incident)
Violence/Aggression (Staff or others. ) [ ]	[ ]	[ ]
Self-Harm / Suicidal Ideation.	[ ]	[ ]
Substance / Alcohol Misuse.	[ ]	[ ]
Arson / Fire Safety Concerns.	[ ]	[ ]

Criminal Activity / Offending.	<input type="checkbox"/>	<input type="checkbox"/>
Risk of Exploitation (e.g. Cuckooing)	<input type="checkbox"/>	<input type="checkbox"/>
Non-Engagement with Services.	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Crisis History.	<input type="checkbox"/>	<input type="checkbox"/>
Property Damage.	<input type="checkbox"/>	<input type="checkbox"/>

#### 4. INDEPENDENCE & WELLBEING (OUTCOME FOCUS)

- Daily Living Skills: (e.g., Can they cook, clean, and manage a budget?)
- Triggers & Warning Signs: (What causes the individual stress or relapse?)
- Protective Factors: (What helps them stay stable? e.g., work, family, hobbies)
- Current Support Network: (Names of GP, Probation, or CMHT workers)

#### 5. DECLARATION

I confirm that the information provided is accurate to the best of my knowledge and that the applicant has consented to this referral being made to Nextsmartstep.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_