

## AGENCY REFERRAL FORM

### CONTACT DETAILS

Name of referral agency			
Name		Job Title	
Address			
Postal Code	Telephone	Mobile	
Email			Gender

### YOUNG PERSON CONTACT DETAILS

Name			
Address			
Postal Code	Telephone	Mobile	
Email			Gender
Date of Birth			Age
National Insurance Number			No of Dependents

### What type of accommodation is the young person currently living in?

### How long have they lived there?

### What are the main reasons for referral?

**Please list the young person's Support Needs**

**Is the young person currently participating in or completed a program which assists the young person to address the identified needs?**

## DEFINITIONS OF THREE SUPPORT NEEDS GROUPS

### HIGH SUPPORT NEEDS

- Young person displaced from his/her family, community and peer support networks
- Young person with limited/poor self-esteem
- Young person with mental health concerns including those who are clinically diagnosed e.g. self-harm
- Young person excluded from education, training, youth services etc,
- Young person who has gone through multiple accommodation placement breakdowns
- Young person who exhibits challenging behaviour associated with 'high risk' e.g. drug/alcohol misuse
- Vulnerable young person without support networks, e.g. with a learning disability
- Young person in conflict with the law
- A young parent who is having difficulty coping
- Young person with limited literacy, numeracy, communication and life skills

### MEDIUM SUPPORT NEEDS

- Young person who has difficulty maintaining involvement in education and training
- Young person who need support to develop life skills
- Young person with emotional support needs i.e. not in 'crisis'
- Young person who may have initial difficulties in settling in to accommodation
- Young person who has had some preparation for independent living
- Young person where there is a moderate misuse of alcohol/drugs
- A young person who has limited coping skills
- Young person with a moderate to low learning disability/difficulty

### LOW SUPPORT NEEDS

- Young person who has some positive support networks
- Young person who has adequate preparation and who has developed some independent living skills
- Young person who is able to seek support and access services
- Young person who is engaged in employment, education or training
- Young person who has established some positive relationships



**Which of the above support needs group do you feel best describes the young person?**

- High       High/Medium       Medium       Medium/Low       Low

**Please explain the reasons for your description of the young person below, please include any immediate risk factors.**

[Large empty text area for providing reasons and risk factors]

All your information will be processed in accordance with GDPR. Please see our Privacy Statement for further information. [www.shelterni.org](http://www.shelterni.org)

Please return completed form to [slate@shelterni.org](mailto:slate@shelterni.org) or  
**SLATE Project**  
**76A Market Street**  
**Omagh**  
**BT79 0AA**

<b>Signed</b>		<b>Date</b>	
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