**PRIVATE & CONFIDENTIAL** A picture containing text

Description automatically generated

**Eema Care Referral Form**

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| **Referral made by:** |
| Name  Address  Organisation  Position  Telephone Number  Email  ***Please select in bold:***  Are you still supporting the client? Y/N  Have you received permission for this referral? Y/N |
| **Referee’s Details:** |
| First name  Last name  Other / previous names |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone | | Email | Date of birth |
| Address |  | | |
| Has your client used this service before? |  | | |
| Primary Language |  | | |
| Other languages spoken |  | | |
| Nationality |  | | |
|  |  | | |

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| --- | --- |
| **What is the referee’s current situation?** | |
|  | |
| **Areas the referee may need support with:** | |
| *Please select in bold:*  Emotional support  Financial Support  Legal Support  Child Support/Care  Child Maintenance  Food  Get/Beth Din  Help in the home  Shabbat/Yom Tov Hospitality  Peer Network  Other | Any Addition Notes: |
| **Please provide children’s names, Date of Birth and where they reside.** | |
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| **What is the client’s level of religious observance? What is their relationship status?** | |
| *Please select in bold:*  Chasidish  Charedi  Modern Orthodox  Traditional  Masorti  Reform  Liberal  Secular  Other | *Please select in bold:*  Civil Partnership  Married  Divorced  Separated  Cohabiting but not married  In a relationship (not cohabiting)  Widowed  Single  Don’t know |
| **Does the referee have any disability?** | |
| *Please select in bold:*  None  Physical  Learning  Deaf/hard of hearing  Blind/visually impaired  Mental health  Other | Additional Notes: |
| **Any known risks we should be aware of?** | |
|  | |
| **Client’s GP’s details** | |
| Name  Address  Telephone number | |
| **Client’s next of kin/emergency contact** | |
| Name  Address  Telephone number(s) | |

**Please return this form to** [**info@eemacare.uk**](mailto:info@eemacare.uk) **or post to**

**Eema Care, 49 Singleton Road, Salford, M7 4NA**

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| **FOR OFFICE USE ONLY:** |
| Date Referral Received:  Case Worker Selected: |