**PRIVATE & CONFIDENTIAL** 

**Eema Care Referral Form**

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| **Referral made by:** |
| NameAddressOrganisationPositionTelephone NumberEmail***Please select in bold:***Are you still supporting the client? Y/NHave you received permission for this referral? Y/N |
| **Referee’s Details:** |
| First nameLast nameOther / previous names |

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| --- | --- | --- |
| 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?** |
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| **Areas the referee may need support with:**  |
| *Please select in bold:*Emotional supportFinancial SupportLegal SupportChild Support/CareChild MaintenanceFood Get/Beth DinHelp in the homeShabbat/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** |
| NameAddressTelephone number |
| **Client’s next of kin/emergency contact** |
| NameAddressTelephone number(s) |

**Please return this form to** **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: |