



"We can all help to change the world. one step at a time, one day at a time"

GROW-Referral Form

Helping the Homeless

36, Rickmansworth Rd, Watford, Herts, WD18 7HT

Tel: 01923 256189 e-mail: growhostel@uwclub.net

www.watfordhomeless.org.uk

CONFIDENTIAL

Name of Referral Agency Worker & contact details:

Date:

Client Details

Name:	M/F (must be male 25yrs +)
D.O.B: / /	Age:
National Insurance Number :	
Address:	Emergency Contact No (In the event of cancellation due to sickness)
Tel No:	
GP Name:	Other Agencies known to client:
GP Address:	

GROW Hostel Watford, 36 Rickmansworth Road, Watford, Herts. WD18 7HT

Tel: 01923 256189 www.watfordhomeless.org.uk growhostel@hotmail.co.uk Facebook: GROW Hostel Watford

Registered Charity No. 293717 Company Reg No. 1980372

Tel No:			
What is the background leading up to the current referral: (including all problems affecting clients' progress i.e. Not completing forms, failing to attend appointments, warnings within agency, anti social behavior eviction etc)			
Brief History of clients stay in prison/psychiatric unit or care home etc.(if applicable):			
Brief Outline of clients behavior/mood/ability to communicate/appearance etc:			
Brief Summary of Alcohol or Drug:			
What brought the Client to the current state of Homelessness ?			
RISKS – Mini Assessment:			
	Past	Present	Dates / Details if known
Aggressive/threatening behavior *			
Offending behavior			
Self Neglect			
Self Harm			

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Suicidal Ideation			
Attempted Suicide			
Violence towards others*			
*Whom e.g. Family, staff, female/male etc.			
What does the client feel they need help with?			
Advocacy	Accessing Services	Counseling	GP Registration
Contacting Stat. Services	Managing Behavior	Support and Advice	Other
Has the client ever been evicted ?		Yes/No	
Does the client have rent arrears ?		Yes/No	
Has the client been evicted as a result of anti sociable behavior ?		Yes/No	
Has the client committed arson ?		Yes/No	
Do you have any dietary requirements ?		Yes/No	
What was your drug of choice? (i.e. Alcohol/Cocaine/etc.) _____			
What was your approximate daily usage (i.e. Half bottle of Vodka) _____			
What was the date when you last drank/used? _____			
What was the quantity? _____			
Your signature.....			
Date...../...../.....			



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_____ sign date_____

Referral Worker

_____ sign date_____

Applicant/Client

Return to: Stephen Jones Hostel Manager. Please mark : FAO: Private & Confidential.

Please note: The aim of the GROW is to work within the age group of 25-60yrs, single male homeless and/or disadvantaged of Watford and the surrounding areas on short/medium (Max 2yrs) term basis and for those whose problems do not extend beyond our expertise. The way forwards for people with medium term/ medium problems will greatly depend on the joint collaboration of GROW with other referring agencies/agencies/ professionals, regarding the clients' needs and future. By signing this referral/Application form the referred applicant is agreeing that GROW will contact other agencies and professionals to seek references and opinions regarding their past and present situations to best assess your current situation so that we can agree a care plan with you for your future. Any details of this application/referral that are less than honest and accurate may cause the client to be turned down at interview or if successful with their application may cause the Client to lose their bed at GROW. Grow operates dry/clean environments (alcohol and drugs) where breathalysing and drug testing regularly take place. We have shared and single occupancy, with a max of two residents per room. Currently we have three premises a 11bed hostel and 4bed and 5bed move-on houses all in Watford.