

REGISTRATION FORM

CLIENT REGISTRATION										
Date of Registration			Client ID Number							
First Name			Surname							
Nick Name/Known as			Date of Birth							
Nationality			Arrival in UK (if applicable) (MM/YY)							
NI Number			NI application required (Y/N)							
Mobile/ Contact number			Emergency contact details							
BENEFITS STATUS										
Does client have benefit claim in place? (Y/N)				If yes, please state which benefits they are in receipt of?						
If no, please tick as appropriate										
No claim in place		Not eligible		Employed		Sanctioned				
Claim Pending		Claim Appealed								
Comments										
MONITORING INFORMATION (Tick Appropriate Boxes)										
Gender		Male		Female		Transgender				
Sexuality		Heterosexual		Bisexual		Gay man		Gay woman		Other/Specify:
Ethnic Group		White British								
		White Irish								
		Gypsy or Irish Traveller								
		Any other white background								
		White and Black Caribbean								
		White and Black African								
		White and Asian								
		Any other mixed/multiple ethnic background								
		Indian								
		Pakistani								
		Bangladeshi								
		Chinese								
		Any other Asian background								
		Black/Black British – African								
		Black/Black British – Caribbean								
		Any other Black/African/Caribbean background								
		Arab								
		Other								
		Refused								

CLIENT HOUSING HISTORY

Current Situation <i>(Tick Appropriate Boxes)</i>			
Rough Sleeping (R/S)		Sofa Surfing (S/S)	
Supported Accommodation (SAC)		Mix	
Other (Please comment)			
Please provide estimation of how long client has been living in current situation?			
Last known address			
Address Details		Type of accommodation (e.g. SAC, Parents, Friends)	
Inc postcode			
Reason for leaving			
Date Ended (MM/YY)			
Last known tenancy			
Address Details		Type of accommodation (e.g. SAC, Private)	
Inc postcode			
Reason for leaving			
Date Ended (MM/YY)			
Engagement with Council			
Has client made a homeless application? (Y/N/Unsure)		If yes, please comment on outcome and local authority	
Is client on housing needs register? (Y/N)		If yes, which band? (please comment)	
Engagement with Social Services <i>(Please consider any campaigning issues)</i>			
Is client care leaver? (Y/N)		If yes, is client under 21yrs of age? (Y/N)	
If yes, is client under 24yrs of age and studying fulltime? (Y/N)		<i>Care-leavers may be able to get housing help from social services until they turn 21, or until they are 24 if they are still studying full time. The help the individual may get depends on their age and what help social services provides locally.</i>	
Military Background <i>(Please consider any campaigning issues)</i>			
Is client Ex-Forces (Army, RAF or Royal Navy)? (Y/N)		If yes, please provide brief details (inc military ID number if known)	
Reconnection Required			
Comments			

SUPPORT NEEDS

OFFENDING <i>(Tick Appropriate Boxes or list Y/N when asked)</i>						
Any previous reprimands, warnings, cautions?	Yes		No		Don't know	
Any Convictions? (Y/N)						
Offence	Sentence	Sentence Type	Time Served	Time Type	Prison	Year
Conviction of Arson? (Y/N)	<i>Hostels must take reasonable steps when considering insurance risk</i>					

Has client left prison within last three months ? (Y/N)		Start date of sentence		
		Release date		
Is Client currently on probation ? (Y/N)		If Yes, please comment: inc Probation terms and officer details if known		
Is Client subject to any Community/ Supervision orders (Inc DRR , Drug Rehabilitation Requirement, ATR , Alcohol Treatment Requirement)		Programme type, period of time (6mths-3yrs) and requirements if known (inc curfew's and tags)		
Is client on bail (Y/N)		If Yes, please comment: inc Bail Conditions		
Is client under DIP (Drug Interventions Programme) (Y/N)		If Yes, please comment: inc DIP workers name		
Schedule One Offence ? (Y/N)	<i>All forms of child abuse; Any form of sexual assault; All other forms of maltreatment including murder, manslaughter, infanticide, incest, violence, neglect or cruelty.</i>			
MAPPA (Multi-agency public protection arrangements) - Please comment: Inc restrictions and Category (1, 2, 3)				
SOPO (Sexual offences prevention orders) - Please comment: Inc restrictions and relevant safeguarding details				
Is client on VISOR (Violent Sex offenders Register)		If Yes, please comment: inc length of term		
Is client on Sex offenders register ? (Y/N)		If Yes, please comment: inc length of term		
SUBSTANCE MISUSE				
DRUG USE (List Y/N when asked)				
Is Client currently using drugs/psychoactive substances ? (Y/N)				
If Yes, please list substance use (Amphetamines/Speed, Benzos/Cannabis/Cocaine/Heroin/ prescription misuse drugs, NPS (Legal highs etc.), amount, frequency of use, cost and approximate length of time client has been using?	Substance	Amount	Cost	Frequency
Safer methods - Please list if client is scripted (e.g. Methadone/Suboxone – the amount they are taking and the frequency they are taking it). Is client injecting drugs, sharing needles? Awareness of needle exchange and safer injecting?				
Is client currently engaged with support agencies ? (Y/N)				
If Yes, please list agencies (Turning Point, NA etc)				
If No, signposted to support agencies (Y/N)				

Please comment which agency		
Is Client in recovery ? (Y/N)		
If Yes, please comment on period of abstinence		
If no current substance misuse noted, does Client have a history of using drugs or psychoactive substances ? (Y/N)		
If Yes, Please list substance use frequency of use , approximate length of time and periods of abstinence ?		
ALCOHOL USE (List Y/N when asked)		
Does client have a current alcohol issue (exceeds recommendations)? (Y/N)		
Please list alcohol use , approximate frequency of use and length of time client has been drinking?		
Is client prescribed medications linked to alcohol use? (e.g Campral, Antabuse, Naltrexone) - Please provide details.		
Medication	Dose	Frequency
Is client currently engaged with support agencies ? (Y/N)		
If Yes, please list agencies (Turning Point, AA etc)		
If No, signposted to support agencies (Y/N)		
Please comment which agency		
Is Client in recovery ? (Y/N)		
If Yes, please comment on period of abstinence		
If no current alcohol issue noted, does Client have a history of alcohol misuse ?		
If Yes, Please list alcohol use , approximate frequency of use , length of time and periods of abstinence ?		

MENTAL HEALTH (Tick Appropriate Boxes or list Y/N when asked)			
Does client have current mental health issue? (Y/N)			
If yes, please list diagnosed mental health issues (bipolar, depression, personality disorder, PTSD, Schizophrenia etc), approximate dates			
Medication	Dose	Frequency	
Mental Health Symptoms Experienced			
Aggressive/Violent towards others		Flashbacks	
Cognitive Issues		Night terrors	
Difficulty Sleeping		Often feel anxious	
Disorientation at night		Often feel stressed	
Feel Depressed		Panic attacks	
Hears Voices		Paranoia	
Hallucinations		Self-harm	
Find it hard to control anger		Suicidal thoughts	
Has client been discharged from mental health hospital in the last 3 months? (Y/N)			
		Date of Discharge	
Has client ever been sectioned? (Y/N)			
Please comment on any hospital admissions and section details			
Please comment on any historical mental health issues			
Is client engaged with Community Mental Health team? (Y/N)			
If Yes, please list name of community psychiatric nurse (CPN)/ MH support worker and MH trust details			
If No, signposted to local community team/crisis team (Y/N)			
Comment			
Does client have Complex needs? (Y/N)			

Additional comments <i>(Please complete where necessary)</i>	
Risk to self/others	
Motivation/life skills/ Taking Responsibility	
Communication Skills/ Maintaining relationships	
Further comments	