



Domestic Abuse Referral / Initial Assessment Form

Email completed form to: Info@vicaragehousing.co.uk

1. Referral & Personal Information

Origin of Referral: _____ Date of Assessment: _____

Full Name: _____ Date of Birth: _____

Ethnicity / Religion: _____ National Insurance Number: _____

Language: _____ Interpreter Required (Y/N): _____

Mobile Number: _____ Email Address: _____

Current Address: _____

Postcode: _____

Type of Current Accommodation (e.g. hostel, HAR, friends/family): _____

Access to Universal Credit: Yes / No Access to Housing Benefit: Yes / No

Employment Status: _____

Occupation (Job Title & Hours): _____

Source of Income: _____ Gender: _____

2. Dependants (if applicable)

Child(ren)'s Full Name(s): _____

Date(s) of Birth: _____

Relationship to Applicant: _____

Current Address (if different): _____

Child Protection Plan in Place? Yes / No CYPS Involvement? Yes / No

3. Domestic Abuse Information



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Perpetrator's Full Name: _____ Date of Birth: _____

Gender: _____ Address: _____

Relationship to Applicant: _____

Still in Contact? Yes / No

Unsafe Locations (Areas of Risk): _____

4. Reason for Referral

History of Domestic Abuse:

Reason for Housing Requirement:

Current Situation:

Other Information:

5. Risk Assessment

Please attach a current risk assessment if available. If not, complete below.



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| Risk Area | Risk Level (L/M/H) | Details | Risk Management |

|-----|-----|-----|-----|

Violence / Aggression: _____

Self-Harm / Mental Health: _____

Drug / Alcohol Misuse: _____

Child Protection Concerns: _____

Sexual / Schedule 1 Offences: _____

Criminal History: _____

Self-Neglect / Neglect of Others: _____

Anti-Social Behaviour: _____

Damage to Property: _____

Neighbourhood Conflict: _____

Arson: _____

Rent Arrears: _____

Other (specify): _____

Is the applicant currently at risk from others? Yes / No

If Yes, provide details (names, relationship, context): _____

Are there any additional safety precautions needed for interviews/home visits? _____