**CLIENT DETAILS**

Justlife aims to help people’s experience of housing vulnerability be as short, safe and healthy as possible. We do this through supporting people with intensive support on a short to medium term basis through a crisis, to get back on their feet and gain the skills and resilience to move on from homelessness.

Our Service:

1. **Health Engagement Work**. Justlife are commissioned by the Brighton & Hove CCG to provide health engagement support for people who are homeless and need help to engage with their health care as well as general support (including maintaining accommodation, move on options, benefits advice and advocacy). Our priority is people in emergency accommodation (EA) (due to the lack of support in EA) but we also work with those rough sleeping or in supported accommodation.
2. **Meaningful activities** (including general advice and support, drop in’s, trips and workshops) **for those in emergency accommodation (EA)**
3. **Creative studio** providing workshops and art space for people currently or previously experiencing homelessness of any type.

Referral Process:

Referrals are prioritised from Arch Healthcare, their Multi Agency Homeless Healthcare Meeting (MAHHM) & the Homeless Hospital In-Reach Team but we also accept referrals from any agency/GP surgery/accommodation provider or self-referral.

Please complete as much information as you can on the form and email to [brighton@justlife.org.uk](mailto:brighton@justlife.org.uk) attaching a risk assessment and other relevant information. We aim to respond to all referrals within 2 working days.

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| --- | --- |
| Name: | Referral date: |
|  |  |
| Date of birth: | Gender: |
|  |  |
| Mobile number: | Address: |
|  |  |
| GP surgery: | NHS number & NI number |
|  |  |
| Accommodation situation (e.g. supported, emergency, rough sleeping): | If accommodated, when did they move in? |
|  |  |
| Has the client agreed to the referral? | Is there a risk assessment attached? |
| YES/NO | YES/NO (If no please complete ‘Known risks’ section below) |

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| Which service are you referring the client for? |
| Health Engagement Work  Meaningful activities (including general advice & support) for people in EA Creative studio |

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| What support does the client need? (For Health Engagement Work please be as specific as possible) |
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| Please give details of recent medical history or attach a discharge or patient summary (Health Engagement Referrals only) |
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| What other support is the client receiving and from whom? |
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| --- |
| Known risks? (If no risk assessment attached) |
|  |

**REFERRER’S DETAILS**

|  |  |
| --- | --- |
| Name: | Agency: |
|  |  |
| Email address: | Phone number: |
|  |  |

**Please email to brighton@justlife.org.uk**