

**Community Support Service Referral Form**

**Email:** [**css@hertfordshiremind.org**](mailto:css@hertfordshiremind.org)

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| Date of referral: | | |  | | | | |
| Verbal consent obtained for referral (if being referred by an agency): | | | Yes  No | | | | |
| New/ previous referral: | | | New  Previous | | | | |
| Referral source: | | |  | | | | |
| Title: | Forename: | | | | | Surname: | |
| Address: | | | | D.O.B: | | | |
| Postcode: | | | | First language: | | | |
| Telephone number and time to call:  Is it ok to leave a message? Yes  No | | | | Alternative number:  Is it ok to leave a message? Yes  No | | | |
| Can we text you on your mobile? Yes  No | | | | | | | |
| Email: | | | | | | | |
| Are there any children under 18? Yes  No | | | | Do they live at home? Yes  No | | | |
| Name | | Date of birth | | | Name | | Date of birth |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
| Housing status: (Private rented, mortgage, Housing Association): | |  | | | | | |
| Name of Housing Association: | |  | | | | | |
| Other agencies involved (e.g. Children’s Services, Police, Mental Health, Housing, IFS, etc.): | |  | | | | | |
| Description of areas of mental health need and reason for referral *(please include relevant history and presenting needs)* | | | | | | | |
| Are you involved in the criminal justice system? Y/N  Are you currently on bail? Y/N  Who is the officer (police, court, probation) assigned to your case?  Do you have any impending court dates? | | | | | | | |
| Any additional notes: | | | | | | | |

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| **Data Protection and Confidentiality**  Hertfordshire Mind Network adheres to the Data Protection Act 2018’s principles of good information handling and the EU General Data Protection Regulation 2018.Please indicate below if you consent to us collecting, recording and processing your personal data for the purpose of providing you with support and to ensure your health, safety and wellbeing. We will use your information appropriately and in line with our Privacy Policy, which you can see on our website. You can also request a copy of this from the service.  Your details will not be shared with anyone else without your consent. If you have any concerns or questions about how your personal data is collected and used, please ring us on 02037 273600 or email us at [info@hertfordshiremind.org](mailto:info@hertfordshiremind.org). Please note that without your consent, you will not be able to submit this form and access Hertfordshire Mind Network’s services.  Where information is given in confidence that Hertfordshire Mind Network believes poses a risk to the client, a risk to other people, a risk to the safety and welfare of a child, or is against the law, we reserve the right to disclose that information to a relevant third party.  Do you consent to us collecting, recording and processing your personal data for the purpose of providing you with support and to ensure your health, safety and wellbeing? \*  Yes  No |