

# Bournemouth Sleepsafe 2018-19: Agency Referral Form

“Offering people safety & dignity with a bed & support to stay off the streets”

## Referral guidelines

- 4 parts to be completed to access Sleepsafe:**  
**1) This form 2) Risk assessment 3) Self Referral 4) Action plan**
- 1<sup>st</sup> complete this form & 2<sup>nd</sup> the risk assessment;** then send them to the BCARS staff team ([sleepsafew@faithworkswessex.org.uk](mailto:sleepsafew@faithworkswessex.org.uk)) or to Half-time (55 Westover Road, BH1 2BZ by YMCA)
- 3<sup>rd</sup> An appointment to be seen by a BCARS staff member must be booked at Half-time** (open 9AM - 1PM on Monday, Wed.& Friday , Saturdays 9-12pm (not bank holidays)) Tel 07743 386910 during opening hours . We may then contact the Rough Sleeper Team (St. Mungo's) to understand if they are a verified rough sleeper. They will need to complete a Self - referral form at this point.
- 4<sup>TH</sup> The rough sleeper will need to agree to an Action Plan to stop them returning to the street.**
- Priority will be given to the **most vulnerable** and those who **want the help to stay off the streets**. There are only 12 bed spaces so we need to ensure they have a realistic chance of getting housing here or elsewhere and are determined to do so. **We do not want them to return to the streets.**
- If they are offered a bed, then they will be asked to agree to the terms of a Licence Agreement.
- Length of stay will be based on their needs and commitment / action plan not to return to the streets
- Please inform the BCARS staff if you become aware of any change of circumstances for the person concerned

| Referrer information  |  |       |  |
|---|--|-------|--|
| Name  |  | Phone |  |
| Organisation  |  | Email |  |
| How did you hear about Sleepsafe?   |  |       |  |
| Why are you referring this person?<br><i>(continue over if needing more space)</i>                              |  |       |  |
| What is your current plan to help them and over what timescale?<br><i>(continue over if needing more space)</i> |  |       |  |
| Signature   |  | Date  |  |

| Guest information                      |  |                  |  |
|--|--|------------------|--|
| Name                                   |  | Date of Birth    |  |
| Email                                  |  | Gender           |  |
| Phone                                  |  | Nights on street |  |
| Who should we contact in an emergency: |  |                  |  |

| For St Mungos Team only           |  |           |  |
|-----------------------------------|--|-----------|--|
| Confirmed Rough Sleeper (Yes/No)  |  | Worker    |  |
| Local Connection (Yes/No/Unknown) |  | Signature |  |
| SP Hub Referrals Made (Yes/No)    |  | Date      |  |