

Please complete this referral form, giving as full a picture as possible of the applicant.

All information is held in the strictest confidence, and will be destroyed if we are unable to offer the applicant a place.

Name of Applicant:

Date of Birth:  Date of Reference:

Name of Referee:  Position:

Organisation:

Address:

Postcode:

Telephone:

Please provide a brief history of your client's use of drugs and/or alcohol:  
(Which drugs, in what quantity, how frequently & for how long?)

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Details of past and current legal situation, if applicable:  
(Please include forthcoming court appearances, probation or D.T.T.O)

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Chrysalis Supported Association Limited, is an exempt charity (XR95728) and an Industrial & Provident Society (29818R) for the benefit of the community and a not for profit organisation incorporated under the Industrial and Provident Society's Act 1965 regulated by the Financial Services Authority (FSA) Chrysalis Supported Association Ltd is also a Non-Profit Private Registered Provider of Social Housing Registered Number: 4751, Regulated by The Homes & Communities Agency (HCA) The Social Housing Regulator. Registered Office 3 Brook Office Park, Emersons Green, Bristol, BS16 7FL

Please provide a brief outline of social history/family background up to present time:

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How has the applicant progressed in treatment so far? What has been the focus of this treatment?

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Are there any specific areas of concern?

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Why do you think that this person needs Supported Housing?

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Is there any other information that you feel is relevant to this referral:

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Signature:  Date:

**PLEASE FORWARD A COPY OF ANY DISCHARGE/COMPLETION REPORTS TO US A.S.A.P**