

EOI Supporting document

# Referral from Mental Health Clinic/Hospital

1. Please ensure all information requested is answered/ attached in full as the referral will not be reviewed if incomplete.
2. After the referral has been processed, the referring agency will be notified whether Foundation Housing will waitlist the client for lodging accommodation.
3. No accommodation will be provided until the allocation team at Foundation Housing receives written notification that Alma Street Mental Health Service are willing to accept transfer of care for the resident.
4. The person will not be signed up on Fridays or on the weekend due to support availability.

**PLEASE NOTE: It is your responsibility to answer these questions truthfully and accurately. Misinformation or inaccurate information may result in your client not being accommodated or requested to find alternative accommodation.**

Name of Referred applicant: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Name of contact person from referring organisation: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Who to contact in an Emergency: \_\_\_\_\_

Contact Details: \_\_\_\_\_

How long has your organisation worked with the referred applicant? \_\_\_\_\_

Does the applicant have any Psolis alerts regarding risk to self/ others  YES  NO

(If YES, please give details)

Have you provided a copy of the Psolis Client Care Plan  YES  NO

Please ensure a copy of this is attached and submitted with this form.

Have you completed a transfer of care summary to Alma Street Centre  YES  NO

Please ensure we receive a copy of confirmation once received from Alma Street.

Are there current/ historical concerns around ADL's  YES  NO

We request this information for the purpose of ensuring prospective residents are offered suitable and sustainable accommodation and that where supports are required they are established prior to offer of accommodation ensuring the client the best chance of success.