This service is open for **low to medium support** young vulnerable women, who are either pregnant or have a child; having no family support but motivated and committed to making a life of their own with the type of support we can offer. This service does not provide residential care workers since it is a supported independent service. Please refer to the attached flyer about the Y-Assist supported accommodation which is self-explanatory.

Currently Y-Assist accommodates up to 3 young mothers and their children in Dar Esther. A second accommodation hosting another 3 women has just been opened. Dar Esther itself has 3 personal spaces consisting of dining/kitchenette/sitting room, a tiny bedroom and a small WC/shower. Each accommodation is independent of the others, with its own front door. Common parts consist of the main staircase and a laundry room on the top floor. The second accommodation consists of a 3-bedroom house. Each bedroom is lockable and complete with a private small WC/shower and is assigned as the personal space for each woman. Kitchen, dining room, sitting room, main staircase, laundry on the top floor and yard are common parts.

Each resident signs a detailed agreement outlining responsibilities of both parties. Accommodation is provided for one year, giving the resident time to work on her life plan, access non-formal education opportunities at SJAF and elsewhere depending on the life plan, access the on-going support of a Volunteer Mentor (a mature adult committed to befriend and support a resident as a big-sister would), employment plan and help to find a rented flat after the programme.

Admission criteria in brief: **No persons** -

* with a current substance misuse problem;
* with undiagnosed and untreated mental illnesses;
* who are still in a situation of domestic violence (there are shelters for this category);
* who require constant monitoring and support on site.

If you do have referrals that fit these criteria, please fill in the **form below**. We will follow up referrals by holding a meeting with the referring professional and subsequently with the potential clients.

**NB1: While filling in this referral form please do not leave any section out and tick all items requested. Kindly include all information clearly and be as exhaustive as possible. If you wish to add more information you are kindly asked to add more sheets.**

**NB2: Before filling in this referral please take note of the following:**

* + **Change of address will be processed immediately once admission is approved**
	+ **Where possible, the person referred must pay a deposit of €150 upon intake**

**NB3: The Referring Agency will be asked to sign an agreement regarding its provision of sustained Social Work support and any other service it provides that will benefit the referred woman upon admission is approved.**

**Details of Referrer**

|  |  |
| --- | --- |
| **Name:** | Name Surname |
| **Designation:** | Designation |
| **Organisation:** | Organisation |
| **Service availing themselves of** **(if applicable):** | Service |
| **Address:** | Address |
| **Landline & mobile:** | Landline Mobile |
| **Email:** | Email |

**Details of person being referred:**

|  |  |
| --- | --- |
| **Full Name:** | Name Surname |
| **ID Card number:** | ID |
| **Date of birth:** | DOB | **Age:** | Age |
| **Current address:** | cAddress |
| **Whose address is this:** | cAddress |
| **Address on ID****Card:** | IDaddress |
| **Whose address is this:** | cAddress |
| **Landline:** | Landline | **Mobile:** | Mobile |
| **Email:** | Email | **Civil status:** | Status |
| **Legal status:** | Legal Status | **Current stage of****pregnancy (if applicable):** | Pregnancy |

**Family and significant others**:

**(include persons who do not live with applicant but are meaningful for applicant; include father/s of children and other romantic relationships)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relation- ship** | **Age** | **DOB** | **Residence** | **Details & Comments (e.g. nature of relationship with applicant; health issues; employment; school; etc)** | **Professionals Involved in support** |
| Name | Relationship | Age | DOB | Residence | Comments |  |
| Name | Relationship | Age | DOB | Residence | Comments |  |
| Name | Relationship | Age | DOB | Residence | Comments |  |
| Name | Relationship | Age | DOB | Residence | Comments |  |
| Name | Relationship | Age | DOB | Residence | Comments |  |
| Name | Relationship | Age | DOB | Residence | Comments |  |

# Details about the mother and children:

|  |
| --- |
| Do all children live with the mother? If no, where do they live and with who: text |
| Is the father of the child/ren involved in the child/ren and the mother’s life? If more than one father for different children, write down their name/s below and specify whether they are involved or not: text |
| Are there any persons mentioned in the table above who is not a positive influence on the applicant’s life? If yes, then please specify who and why? text |
| Has the mother any criminal records?  If yes, for what crime? text |
| Has the mother ever had any substance or alcohol misuse? If yes, how severe and did she ever receive treatment for them? text |

**Financial Status: (Please be as specific as possible)**

Income:

|  |  |  |
| --- | --- | --- |
|[ ]  EmploymentWhere: Full Time [ ]  Part Time [ ] Amount: /month | [ ]  | BenefitsWhich: Amount: /month |
|[ ]   Financial assistance from other organisationsWho: Permanent: [ ]  Temporary: [ ] Amount: /month |[ ]  Financial assistance from family/partner/other Who: Relations: Permanent: [ ]  Temporary: [ ] Amount: /month |
|[ ]  OtherWhat: Permanent: [ ] Temporary: [ ] Amount: /month |[ ]  OtherWhat: Permanent: [ ] Temporary: [ ] Amount: /month |

Debt:

|  |  |
| --- | --- |
| Does Applicant have any debts?  | Is Applicant paying it back?  |
| With who: text | How much debt in total: text |
| How much debt is applicant paying every month: text |

**Mental health history**:

|  |
| --- |
| Has applicant ever made use of mental health services?  If yes, which? Click or tap here to enter text. |
| Has applicant ever taken psychiatric medication? If yes, which and for how long? Click or tap here to enter text. |
| Is applicant presently being followed by a psychiatric professional? If yes, then who? Click or tap here to enter text. |
| Does applicant accept psychiatric help willingly?  |
| Has applicant been diagnosed with any mental health condition or disorder? If yes, which? Click or tap here to enter text. |

**Physical health history**:

|  |
| --- |
| Does the applicant suffer from any chronic medical conditions? If yes, which? Click or tap here to enter text. |
| Does the applicant have a disability? If yes, which? Click or tap here to enter text. |
| Does the applicant have any mobility problem? If yes, how and are they permanent? Click or tap here to enter text. |
| Does the applicant take any medication related to her health? If yes, which? Click or tap here to enter text. |

**Please list all services used by applicant in the past**:

Click or tap here to enter text.

**Please list all services currently being used by applicant:**

Click or tap here to enter text.

**Any interventions or actions in the past and present which worked out to support their achievements for some time and failed or never worked out:**

Click or tap here to enter text.

**If applicable, which residential care facilities has the applicant lived in, in the past, for how long, and reason for termination?**

Click or tap here to enter text.

**Describe the applicant’s Support Network:**

Click or tap here to enter text.

**Professionals currently involved in the life of the applicant:**

Click or tap here to enter text.

**Needs of Applicant as from the perspective of the Referrer and care plan:**

Click or tap here to enter text.

**Needs of Applicant from her own perspective:**

Click or tap here to enter text.

What are the applicant’s strengths when it comes to their professional and personal life:

Click or tap here to enter text.

**From 1-5, how ready is the applicant to commit herself to build a life plan and implement it with the help of Y-Assist? (1 being No Readiness and 5 being High Motivation) Kindly explain:**

Click or tap here to enter text.

**Any other comments:**

Click or tap here to enter text.

**Signature: **

**Date:** Click or tap to enter a date.