



For Office Use Only: URN

PRE-REFERRAL ASSESSMENT REQUIREMENTS

Mandatory criteria

Was the incident reported to police?* Yes No Don't know

If No or Don't know, do not complete form at this time. If you feel there are strong grounds for target hardening, please contact our office to discuss.

Individual lives in North East Lincolnshire* Incident occurred at the victim's home address*
Yes Yes

Incident has occurred in the last 14 days* Individual consents to Target Hardening Service*
Yes Yes

Crime type*

Arson	Attempted arson	Burglary	Attempted burglary
Assault	Domestic abuse	Domestic violence	Hate crime
Other			



If Mandatory criteria are not met, please ensure referred client understands there will be a cost for the service. See the Briefing Note for further information.
If you have any queries, please contact us on 01472 268708

Vulnerability criteria - if referrer or individual does not know, leave blank, DO NOT TICK NO

Known perpetrator is at large Incident has resulted in physical injury
Yes No Yes No

High risk of further abuse from a known perpetrator Lack of family and friend network
Yes No Yes No

Elderly and frail or lacking agility Has other disability (physical or learning)
Yes No Yes No

Has a long-term physical health condition Struggling with mental health
Yes No Yes No

Subject to ongoing harassment, stalking, following or malicious or unwanted contact
Yes No

REFERRING AGENCY DETAILS

Date referral form completed*

Referring Agency*

Name of Referrer*

Contact Phone Number*

Email address*

INCIDENT INFORMATION

Investigation Number*

Log Number*

Date of incident*

Please give summary of incident (including as much detail as possible)*

What support or action is required by Empower Safer Homes?*

CLIENT INFORMATION

Name*

Gender*

Date of birth*

Address (Street, Town)*

Post Code*

Mobile Phone Number*

or Home Phone Number

Preferred contact*

Mobile

Home

Letter

Ethnic origin

Children and young people who normally live at the property (include numbers or select 0 from each drop-down list)

Client pregnant

0-5

6-12

13+

Yes

Referring to vulnerability factors indicated above, please add any additional information. Please also consider financial factors such as being in receipt of benefits, food or fuel poverty

Client consent to share information with other agencies. A referred person may decline to share information, however, this does not remove statutory obligations to report on child or vulnerable adult safeguarding issues, or duties to report on suspicion of terrorism.*

Yes No

PROPERTY INFORMATION

Property type If flat or HMO, which floor

Main door type* Main window type*

Any additional information



Once completed, please email to **admin@empowersocialenterprise.co.uk** or post to Empower Safer Homes, 84 Wellington Street, Grimsby, DN32 7DZ

This form contains personal sensitive information and should be managed in accordance with our data protection policy which can be found on our website. All data and information provided will be stored and processed in accordance with the General Data Protection Regulations and other relevant legislation.

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Date received	Referral eligible		Data Input
	Yes	No	Yes

Notes

Date phone contact	Date for Job tasking	Time
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