The Door of Hope project runs the **Case Management Service** for women involved in on-street prostitution in Tower Hamlets. This is a series of one to one meetings with one of our case managers, who will support you to plan and achieve your goals and, if you’d like to, take steps away from prostitution. By filling in this form you are requesting support and access to the Case Management Service. We will not pass on your details to anyone without your consent.

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| **About You** | |  | | |
| **Name** | |  | **Date of Birth** |  |
| **Phone(s)** | |  | | |
| **Address**    **Postcode** | |  | | |
| **E mail** | |  | | |
| **Housing situation** | | **Rough Sleeping/Sofa Surfing  Sole Tenant  Joint Tenant**  **Hostel  Home Owner  Supported Housing  Other \_\_\_\_\_\_\_\_** | | |
|  | **What is your preferred language?** | | | |
|  | **Consent granted for referral: verbally**  **signed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

|  |  |
| --- | --- |
| **How can we contact you safely? (please tick all that apply)** | |
| **Call mobile**  **Text mobile**  **Call landline**  **Visit you at home**  **Visit you elsewhere? \_\_\_\_\_\_\_\_\_\_\_\_**  **Write to you**  **Call another phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Is it safe to contact you and say we are from the Door of Hope project?**  **Yes /  No**  **Are there any times when we should not contact you?** |

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| **Help us understand the risks you are facing** |
| **Are you safe at the moment?  Yes /  No**  **What would you say are the key risks to your safety at the moment?** |

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| **What issues do you need support with? (please tick all that apply)** | | | | | |
| **Benefits** |  | **Debt** |  | **Housing** |  |
| **General Support** |  | **Mental Health** |  | **Physical Health** |  |
| **Relationships (Children, family, other)** |  | **Sexual Violence & Domestic Abuse** |  | **Selling Sex (Safety Planning & Moving On)** |  |
| **Sexual Health** |  | **Substance Misuse** |  | **Training & Employment** |  |
| **Any other information:**  **Include details on support needs or any other issues you would like support with.** | | | | | |
| **Are you currently involved with the Criminal Justice System?  Yes /  No**  **Details:** | | | | | |
| **Do you have any dependent children?  Yes /  No (if yes please give details)**  **At Home  In Care  With Family Member  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Are you pregnant?  Yes  No  Unsure  Recently pregnant** | | | | | |

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| **Who is completing this referral form?** | | | | | | |
| **Referrer’s Name / Role** |  | **Referrer’s Organisation** |  | | **Self Referral** |  |
| **Address** |  | | | | | |
| **Landline** |  | **Mobile** | |  | | |
| **Email** |  | | | | | |
| **Date Today** |  | | | | | |

**Please return this form to** [doorofhope@beyondthestreets.org.uk](mailto:doorofhope@beyondthestreets.org.uk) **or call contact us on 0300 3020762**

**What will happen next?**

* Every Monday we have a meeting and we will allocate a named worker who will contact you.
* Our worker will contact you to find out how we can support you and work out next steps.
* Our Drop in runs from 10.30am – 12.30pm on Tuesdays at Providence Row, you can access the Case Management Service by visiting us there.