



Initial risk assessment

Telephone: Agency

Telephone: Self-referral

At the front door

CLIENT'S NAME _____ DATE _____

CLIENT'S TEL NUMBER _____

REFERRER/AGENCY/TEL NUMBER _____

BANNED? NO YES

DECISION: No Space Refused Conditional Accepted

Nature of risk	Control measure:	Rating:		
		Severe	Controlled	None
Drug/alcohol	on programme/medications			
Mental health	mild/moderate with medications			
Learning disability, incl ADHD	mild/moderate with support			
Physical Health incl mobility problems				
Offending (person/property/sex/arson)				
Aggression/anger (person/property)				

IF ACCEPTED: Date of Birth _____

Benefits? YES NO

Sign on Date? _____ Payment Date? _____

Sanctions? YES NO

CONDITION: NAOB/BT Drug Watch Medication Other

Other Relevant Information incl Housing plans _____

Form completed by _____

Risk confirmed or amended by _____

Manager/Deputy Manager/Resettlement Worker