



Independent Domestic Abuse Services
Formerly York Women's Aid

01904 646 630
01904 622 994 (fax)
info@idas.org.uk

REFERRAL AND RISK ASSESSMENT FORM

| | |
|--------------------------------|---------------------------|
| Date | |
| Agency Details | Woman's Details |
| Referrer's name and role | Name (and previous names) |
| | DOB |
| | Safe contact no |
| Agency name and contact number | Address |

| | |
|------------------|-------------------|
| Ethnicity | Disability |
|------------------|-------------------|

Children (please also include children who are not in the woman's care)

| Gender | DOB / Age | Disability (please state) | Gender | DOB / Age | Disability (please state) |
|--------|-----------|------------------------------|--------|-----------|------------------------------|
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| | Information, including names of support workers and contact details | Identified risks |
|--|--|-------------------------|
| Brief summary of why the woman needs refuge space | | |
| Brief summary of the abuse the woman has experienced | | |
| Name and address of perpetrator | | |
| Is she still in contact with the perpetrator? | | |
| Is the woman safe in the York are? | | |
| Income details (has the woman recourse to public funds?) | | |
| What is the woman's housing history? Are there any arrears? | | |
| Has she lived in supported accommodation or refuge before? (May we contact them?) | | |

Woman's Personal History

Please ask the woman if she can live within the following environment:

- **Not having visitors**
- **Not giving the address or location of the refuge to anyone**
- **Sharing some communal areas**

Signed: (Staff member)

Authorised: (Line Manager)