**HOME SAFETY CHECK REFERRAL – DOMESTIC ABUSE**

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| **REFERRER DETAILS - *The referrer will be contacted in the first instance*** | | | |
| **Source of referral *i.e. IDVA, Police*** |  | **Date** |  |
| **Name of referrer** |  | **Office no** |  |
| **Email** |  | **Mobile no** |  |

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| **REFERRAL DETAILS** | | | | | | | | |
| **Title** |  | **Forename** |  | **Surname** |  | | | |
| **DOB** |  | **Contact phone number** |  | | | |
| **Address** | |  | | **Perpetrator:** |  | | | |
| **Address** |  | | | |
| **In Custody?** | **Yes** |  | **No** |  |
| **Postcode** | |  | | **Until Date** |  | | | |

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| **Is this a rented property?** | **Yes** |  | **No** |  | **Name of Landlord** |  |

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| **Please identify if there is anyone living in the property who:-** | | | | | | | | | | **Yes** | **No** |
| Has a mental impairment, which may affect their ability to detect or react to a fire | | | | | | | | | |  |  |
| Has a physical impairment, which may prevent escape in the case of a fire | | | | | | | | | |  |  |
| Has a hearing impairment, which may affect their ability to detect or react to a fire | | | | | | | | | |  |  |
| Has a visual impairment, which may affect their ability to detect or react to a fire | | | | | | | | | |  |  |
| Is a medical oxygen user | | | | | | | | | |  |  |
| Has alcohol dependency, which may affect their ability to detect or react to a fire | | | | | | | | | |  |  |
| Has medication/drug dependency, which may affect their ability to detect or react to a fire | | | | | | | | | |  |  |
| Has had a fire, or threat of fire, in the last 12 months | | | | | | | | | |  |  |
| Has been involved in fire-setting | | | | | | | | | |  |  |
| Smokes inside or outside the property, including e-cigarettes | | | | | | | | | |  |  |
| Would be unable to escape from a fire due to a blocked or restricted escape route | | | | | | | | | |  |  |
| Is there a working smoke detector in the property | | | | | | | | | |  |  |
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| **Can the victim be contacted to arrange a HSC?** | | | | | | | | | |  |  |
| If Yes, please provide a contact number | | | |  | | | | | | | |
| **Joint visit required?** | **Yes** |  | **No** | |  | **If Yes what is the risk** | |  | | | |
| **Person from referring organisation with whom to arrange a joint visit** |  | | | | | | **Office no** | |  | | |
| **Mobile no** | |  | | |
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| **Please add comments that will assist our visit** (i.e. access, perpetrator lives at premises, dangerous dogs, do not visit on a Tuesday etc). |
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| **EMAIL THIS FORM TO:** [HFSC@lincoln.fire-uk.org](mailto:HFSC@lincoln.fire-uk.org) |