**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 |