

**REFERRAL FORM for  
CHARLES DAVIES HOUSE RESIDENTIAL CARE HOME  
(Please Complete All Sections)**

For more information about Charles Davies House please visit  
<https://birminghammind.org/services/residential-care/>

Preferred title: Miss, Ms, Mr, Mrs etc	Does applicant have a CPA? <b>Yes / No</b>
Full Name:	Is the applicant subject to Section 117: <b>Yes / No</b>
Known as:	Does the applicant have recourse to public funds <b>Yes / No</b>
Current Address:	GP Name: GP Address:  Tel No:
Tel No:	Consultant: Tel No:
Age:	CPN: Tel No:
DOB:	Social Worker: Address/email: Tel No:
Nat Ins No:	Care Co-ordinator: Address/email: Tel No:
NHS number:	
Religion:	
Gender:	
Speaks/understands English:	
If not, what is the applicants first language?	

## **Ethnic Origin**

Choose one section from (A) to (E) then tick the appropriate box to indicate the applicants cultural background.

### **A) White**

British

Albanian

Bosnian

Irish

Kosovan

Romanian

### **B) Mixed**

White and Black – Caribbean

White and Black – African

White and Asian

Asian and Black

### **C) Asian or Asian British**

Bangladeshi

Indian

Kashmiri

Pakistani

Other Asian backgrounds please write below:

### **D) Black or Black British**

African

Caribbean

Other Black backgrounds please write below:

### **E) Chinese or other Ethnic Groups**

Chinese

Arab

Afghan

Kurdish

Vietnamese

Other ethnic backgrounds please write below:

## SECTION 2

TO BE COMPLETED BY THE SERVICE USER:

1. Briefly describe the sort of life you would like to achieve and the ambitions and goals you have for the future.

2. What sort of support would you want from Birmingham Mind to enable you to work towards these goals?

3. How would you describe your life at present under the following headings?

Are you satisfied with these areas?

Accommodation	Yes / No
What you do during the day	Yes / No
Friendships	Yes / No
Family	Yes / No
Support from mental health services	Yes / No

4. Are there any past/present risks that Birmingham Mind should know about

Aggression or Violence	Yes / No
Arson	Yes / No
Exploitation	Yes / No
Restrictions imposed upon you by the Court or Home Office	Yes / No
Risk of Allegations	Yes / No
Self-Harm	Yes / No
Self-Neglect	Yes / No
Substance Use	Yes / No
Suicide	Yes / No

5. Please indicate why you are making this application. For example do you see this as a positive move for you personally at this time in your life, or is it a suggestion of the statutory worker?

6. How would you describe your mental health and emotional state at this time in your life?

7. What medication are you currently taking?

How do you think it helps?

Does it cause you any other problems?

Have you ever stopped taking your medication? If yes, how does this affect you?

8. What other things help you to cope with your current difficulties or problems?

9. What do you think has been the cause of your current difficulties?

10. What services have you received in the past?

11. Are there any significant others involved in your support. Y/N  
If yes what is their role?

12. Are you willing to be placed on our waiting list if a placement is not currently available?  
**Yes / No**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### SECTION 3

TO BE COMPLETED BY THE CARE CO ORDINATOR OR OTHER HEALTH CARE PROFESSIONAL INVOLVED WITH THE SUPPORT OF THE APPLICANT

1. Reason for referral. (Please indicate the reasoning for the chosen service)

2. Brief personal history

3. Significant psychiatric history (*Include details of any hospital admissions and any rehabilitation service previously received*).

4. Details of current medication

5. Current physical health issues.

6. What is your current involvement in support arrangements for the individual?

Are there any significant others involved with supporting the person. Y/N

If yes what is their role?

7. What are the person's rehabilitation needs?

8. What will your involvement be in future support arrangements?

9. Are there any past/present risks that Birmingham Mind should know about

Aggression & Violence	Yes / No
Arson	Yes / No
Exploitation	Yes / No
Restrictions imposed upon the person by the Court or Home Office	Yes / No
Risk of Allegations	Yes / No
Self-Harm	Yes / No
Self-Neglect	Yes / No
Substance use	Yes / No
Suicide	Yes / No

If Yes to above, please provide further details

10. Are there any warning signs that usually precede risk issues / triggers?

11. Is the person currently subject to a section of the Mental Health Act? Y / N

If yes please indicate which Section. \_\_\_\_\_

Will the person be subject to a Section of the Mental Health Act during their placement? Y / N

If yes please indicate which section of the Mental Health Act \_\_\_\_\_

Is the person subject to, or intending to be subject to a Community Treatment Order Y/N? If yes please provide details:

12. Does the person have control of his/her finances? Y / N

If no are they subject to an appointeeship Y / N

13. How many hours of support has the individual been assessed as needing?  
(Residential and floating support only)

14. Have the following reports been attached?

Medical report **Yes / No**

Social Workers Report **Yes / No**

Current CPA **Yes / No**

Risk Assessment **Yes / No**

If no, please note: the referral cannot be progressed further until the above information has been received.

We also welcome OT Reports and WRAP Plans\* (\*with the applicants permission)



## Information required to accompany the Referral Form

	Referral	Social Circumstances Report	CPA	Medical Report	Risk Assessment
Residential Care Home	✓	✓	✓	✓	✓

Full Name of Referrer:

*(Please complete capital letters)*

Relationship to the Applicant:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

AFTER COMPLETION PLEASE RETURN TO:

**Home Manager  
Charles Davies House  
388 Lodge Rd, Birmingham B18 5PW**

### OFFICE USE ONLY

Date Received: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

Status:  Offered  Not Offered  Waiting List

Confirmation letter sent: \_\_\_\_\_

# Appeals Process

We are sorry that we have not been able to offer you a service. If you disagree with this decision, or the reasons the decision was made, specified in your letter, then you have the right to appeal.

You may appeal either in writing or verbally to the relevant Residential Manager within two months of the decision.

## PROCESS OF APPEALS

1. The Residential Manager will arrange a meeting with the applicant and/or referrer, to discuss the circumstances and if appropriate reassess the applicant. This will happen within 2 weeks of receiving the appeal. The person appealing has the right to be accompanied by a person of their choosing.
2. A decision shall be communicated to the applicant within 7 days by writing.
3. If the applicant and/or referrer are still not satisfied with the decision they may appeal, in writing, to a Director, at Head Office.
4. The Director will arrange a meeting with the applicant and the Residential Manager within 2 weeks, to discuss the reasons why the initial appeal was unsuccessful.

### Contact Details

Residential Operations Manager  
Birmingham Mind  
17 Graham Street  
Hockley  
Birmingham  
B1 3JR  
0121 608 8001

The Director of Operations  
Birmingham Mind  
17 Graham Street  
Hockley  
Birmingham  
B1 3JR  
0121 608 8001

# Eligibility Criteria and Fair Access to the Service

Charles Davis House is owned by Midland Heart and managed by Birmingham Mind.

All residents are encouraged to be actively involved in designing and reviewing their care/support package. Further details and any additional criteria can be found in the individual service leaflets and Statement of Purpose.

## ELIGIBILITY CRITERIA

Each service user:

- \* Must be resident in Birmingham.
- \* Is eligible for Section 117.
- \* Must have some form of mental illness/mental health difficulty.
- \* Must be over 18 and under 65.
- \* Must be willing to engage with the service and with the support offered.

## EXCLUSION CRITERIA

An individual may be refused a service if:

The type or degree of required intervention is assessed as being incompatible with the funding criteria, skills or capacity of the service.

Due to insurance if the person has a conviction or history of arson it is unlikely we will be able to offer them a place. It is recommended that an initial enquiry to the Director be made before a full referral.

A history of violence, self-harm, alcohol or drug use will be assessed on an individual basis and no blanket exclusions apply.

## FUNDING

The homes are funded by Birmingham City Council.

***Last Updated: 21 December 2023***