ONE HOUNSLOW

London Borough of Hounslow

REFERRAL FORM

Prevention, Transition and Development Service

Empowering residents to thrive

WHAT DO WE OFFER?

We offer a free one-to-one service supporting adults with disabilities who live in the London Borough of Hounslow to experience a greater sense of wellbeing, community, and achievement in their lives by connecting them with accessible opportunities to thrive.

WHO IS ELIGIBLE?

This service is for adults living in the borough of Hounslow with a disability (a physical, mental, emotional, sensory, or developmental condition which has a substantial and long-term impact on their daily life) who have consented to the service and are willing to engage.

ABOUT THE RESIDENT

Full name	
Preferred name & pronouns	
Date of birth	
Address in Hounslow	
LAS # if known	
Languages	
Who to contact	☐ Resident ☐ Parent or Carer:
Telephone / Email	

SUMMARY OF NEEDS, VALUES & GOALS

What are the barriers faced by the resident and what is important to them?

MOBILITY AND COMMUNICATION NEEDS

Does the resident need mobility or communication support to engage with this service?

TRAVEL INDEPENDENCE

What is their level of travel independence? e.g. can they travel independently to appointments?

LEVEL OF URGENCY & COMPLEXITY

Are there any flags that make this an urgent or complex case?

	YES	NO	Risk Factor	Comment
1	☐	☐	Advanced age or frailty	
2	☐	☐	Mobility issues or physical disability	
3	☐	☐	Presence of children in the home	
4	☐	☐	Inadequate housing	
5	☐	☐	Isolation / lack of support	
6	☐	☐	Mental health needs (inc. hoarding)	
7	☐	☐	Financial instability	
8	☐	☐	Addiction or substance abuse	

RETURN TO: Adam Al-Kashi | Prevention, Transition and Development Coordinator
Mobile: 07891 306 843 | **Email:** adam.al-kashi@hounslow.gov.uk

9	☐	☐	Medicines non-compliance	
10	☐	☐	Recent trauma or crisis	
11	☐	☐	Emergency service involvement	
12	☐	☐	History of domestic violence	
13	☐	☐	Self-harm or suicidal ideation	

CURRENT SUPPORT INPUTS

Will you be continuing to support them? Who else is involved? Do they have supportive family?

SUPPORT REQUESTED FROM PTD SERVICE

What specific support does the resident want from the PTD service?

INFORMED CONSENT

Has the resident been involved in a conversation about this service and willingly agreed to this referral? ☐ **YES**

SAFEGUARDING & RISK

Are there any known safeguarding or risk issues?

FOR PROFESSIONAL REFERRALS	
Name of referrer	[Simply paste your email signature here if it contains full details]
Position	
Organisation	
Contact information	

REFERRAL DATE