**This referral form should only be used when there is a concern that an individual is at significant risk of harm due to self-neglect or hoarding and a multi-agency case conference is required.**

**Please use the Multi-Agency self-neglect and hoarding risk assessment guidance tool to consider if this referral is necessary, individuals who score 4 in any domain on the tool are considered at risk of significant harm and will be referred to the Multi-Agency Safeguarding Hub (MASH). Any queries or for a discussion prior to making a referral please contact the MASH Consultation Line – 0345 6061499.**

**Once completed please send to** Customer.First@suffolk.gcsx.gov.uk

**Details of person being referred**

**Name:**

**Address:**

**Date of Birth:**

**Contact telephone and/or email:**

**What is the property type (detached, semi etc) and tenure (owner-occupier, private tenant, housing provide tenant etc)?**

**Has the person consented to the referral? Yes/No**

**If No, is the referral being made in their best interests? Yes/No**

**Has a mental capacity assessment been completed? Yes/No**

**If yes please attach**

**What is the person’s views and wishes?**

**Information about the referrer**

**Name:**

**Address:**

**Email:**

**Telephone:**

**Profession:**

**Organisation:**

**Reason for referral:**

**Using the risk assessment tool please provide scores for each area that you know of:**

**Eating and drinking 1 2 3 4 Don’t know**

**Washing/Bathing 1 2 3 4 Don’t know**

**Medical needs 1 2 3 4 Don’t know**

**Home Amenities 1 2 3 4 Don’t know**

**Home and Garden**

**Cleanliness 1 2 3 4 Don’t know**

**Home safety 1 2 3 4 Don’t know**

**Own Views 1 2 3 4 Don’t know**

**Describe what action has already been taken and by who?**

(INCLUDE HISTORIC AND CURRENT PROFESSIONAL/AGENCIES INVOLVED E.G. POLICE, FIRE, GP, MENTAL HEALTH, HOUSING)

**Is there a public health risk or risk to anyone else in the property (dependents, adults at risk, animals)?**

**Please attach any additional documents of significance e.g. needs assessment**

**Are there any dates when you would be unable to attend a case conference or high-risk panel?**

**(There is a requirement for the referrer to attend any case conference or high-risk panel following this referral. Please include the name and contact details of a representative from your organisation if you will be unable to attend)**