



Rise & Shine Referral Form



Rise and Shine is a new brief (only up to 6 months) service that will be delivered by Elmore community services and Connection and has been created due to the need of more serviced during the pandemic. As the service is short-term our clients would need to have a clear goal that can be reached within the time frame such as link someone in with local services and reduce isolation, or a longer piece of work for e.g. focusing on graded exposure or support with a complex benefit issue.

- This service is for people aged 18+ (please note we can work with people over 65)
- This service is for those short-term mild mental health issues to those experiencing more complex needs or long-term mental health issues (but who can engage with a structured goals-based intervention).
- This service is for those who are willing to work towards a specific goal that is suitable for brief intervention

Name:

Date of Birth:

Telephone Number:

Address:

Please circle: [Self-referral] [friends and family referral] [professional referral]

Name of referrer if applicable:

Relationship to person:

Telephone number:

Please write a specific and concise goal that is achievable within a short period of time:

Goal	Details Eg: support with a complex benefit issue or link someone in with local services and reduce isolation (please do remember this needs to be achievable within 6 months)	Priority level (1-3) 1 being the most important, 3 being least
Main goal:		
Additional goal (if required)		
Additional goal (if required)		

Please note that this service is only for people requiring a brief intervention (as it is a short-term service) for a limited number of goals. If the situation is more complex, or if the client would struggle to engage with a more structured brief intervention it would be better to refer to the Mental Health/Complex Needs services at Elmore Community Services/Connection Support.



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Risk Questions – please ensure this section is as detailed as possible (e.g. if risk is low, please give details as to why). Please be prepared to answer further risk questions via telephone or email.

Do you/Does the person currently behave in a way which is risky to yourself or others?

Are you/Is the person at risk from others?

Do you/Does the person have a past history of risk?

What are the likely/possible triggers?

Does your/Does the persons home currently present any risk to staff if home visits are taking place (including issues with neighbours, environmental hazards, pets etc.?)

Please give details of one other agency we can speak to about risk information:

Name	
Relationship to you/client	
Contact details	

Please email this form to : info@elmorecommunityservices.org.uk or enquiries@connectionsupport.org.uk and ensure both pages are filled out. This can be a self-referral or from another agency.