** Community Multi-Agency Risk Assessment Conference (CMARAC) Referral Form**

**Person Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name of vulnerable adult** |  | | |
| **Date of birth** |  | | |
| **Address** |  | **Postcode** |  |
| **Tenancy** (private or name or housing provider) |  | | |

**Referrer Details**

|  |  |
| --- | --- |
| **Name and role of referrer** |  |
| **Referring organisation** |  |
| **Date referral received** |  |
| **Contact details** (phone and email) |  |

**Issues and Vulnerabilities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Health inc. Mental Health** |  | **Housing, inc. homelessness / eviction** |  | **Community issues, antisocial behaviour** |  |
| **Adult Social Care** |  | **Drug use** |  | **Criminal activity** |  |
| **Self-neglect and/or hoarding** |  | **Alcohol use** |  | **Child Sexual Exploitation** |  |
| **Family, child, and relationship concerns** |  | **Domestic Abuse** |  | **Employment** |  |
| **Summary of issues and vulnerabilities** | | | | | |
|  | | | | | |
| **Summary of criminal history** | | | | | |
|  | | | | | |
| **Summary of any previous referrals** (including Vulnerability Alerts (VAs) | | | | | |
|  | | | | | |
| **Summary of interventions to date** (including what’s working and what’s not and potential solutions) | | | | | |
|  | | | | | |

**Outcomes**

|  |  |
| --- | --- |
| **Has consent to refer to CMARAC been obtained from the vulnerable adult?** | **Yes | No** |
| **If no, please give the rationale for progressing with the referral to CMARAC** (NB reason must be beyond the adult making unwise decisions) | |
| **What is the vulnerable adult wishing to achieve?** (person-centred outcomes) | |

**CMARAC Triage Decision: outcome of referral**

|  |  |
| --- | --- |
| **Referral accepted to CMARAC** | **Yes | No** |
| **If no, what is the rationale for declining the referral? This must be fed back to the referrer, along with suggested next steps.** | | |
| **Case escalated directly to a Vulnerable Adults Risk Management (VARM) Meeting?** | **Yes | No** | |
| **Reason for escalation** | | |

**Agency Involvement Required**

Please indicate which organisations are needed, to support through a CMARAC:

|  |  |  |
| --- | --- | --- |
| **Organisation** |  | **Name, role and contact details** |
| **Adult Social Care** |  |  |
| **Children and Young People Mental Health** |  |  |
| **Children and Young People Social Care** |  |  |
| **Drug and Alcohol Services** |  |  |
| **Early Help Services** |  |  |
| **Employment, Education** |  |  |
| **Housing Options** |  |  |
| **Mental Health Adults** |  |  |
| **South Yorkshire Fire and Rescue** |  |  |
| **Probation inc. Victim Support / Liaison** |  |  |
| **Yorkshire Ambulance Service** |  |  |
| **Other** |  |  |