



# Ashcroft House

Residential Rehabilitation Centre for Women with Children

147-149 Newport Road, Roath, Cardiff CF24 1AG

Tel: (029) 2041 5400 Fax: (029) 2041 5401

[www.ashcrofthouse.org.uk](http://www.ashcrofthouse.org.uk)

## Referral for admission to Ashcroft House

AA02

For completion by referring agency

Please tick as appropriate    SSD Adult: [ ]    SSD Child: [ ]    Other: [ ]

*Private and Confidential*

### CLIENT INFORMATION (MOTHER)

Full Name of client.....

Date of birth.....

Current Address.....

..... Post Code: .....

Telephone contact number.....

E-mail: .....

Mother's G.P.....

Address of Surgery.....

Telephone number.....

Fax number.....

Drug/alcohol worker.....

Address.....

Telephone ..... Fax : .....

E-mail: .....

Adult social worker.....

Address.....

Telephone ..... Fax : .....

E-mail: .....

**DETOX ARRANGEMENTS**

Will the client complete detoxification before being admitted to Ashcroft House?

[ ] Yes [ ] No

If yes, where? ..... Expected date .....

If no, is community based detox requested at Ashcroft House? [ ] Yes [ ] No

If detox not applicable, please tick [ ]

**CHILD(REN) INFORMATION**

Full Names of child(ren) with dates of birth and address:

Child 1	First Name	Surname	Date of Birth

Please give the details of any care orders and state what type of order they are on:

Child 1.....

Child 2.....

Child3.....

Children's GP (if different from above).....

Address.....

Telephone ..... Fax :.....

Childcare social worker.....

Address.....

Telephone ..... Fax :.....

E-mail: .....

Emergency contact number.....

Names and addresses of other agencies involved e.g. probation, solicitors:

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**Please attach brief history of client and her children.**

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**FUNDING INFORMATION**

Team Manager/funder adult.....

Address.....

Telephone ..... Fax :.....

E-mail: .....

Team Manager/funder child.....

Address.....

Telephone ..... Fax :.....

E-mail: .....

Has funding already been agreed for the family? Yes [ ] No [ ]

Will the client be undergoing detoxification in Ashcroft House? Yes [ ] No [ ]

Name of detoxification funder.....

(For community based detoxification at Ashcroft)

Address.....

Telephone ..... Fax :.....

E-mail: .....

Has funding for detoxification been agreed? Yes [ ] No [ ]

Signed ..... Designation .....

Name (PRINT) ..... Date .....

Contact address .....

.....

Telephone ..... Fax :.....

E-mail: .....

Signature: ..... Print Name:.....