# Squaddie Box (CIC) Contact Form

Use this form when a person experiencing homelessness contacts Squaddie Box (CIC). Record information clearly, respectfully and only with the person's consent where appropriate. If there is an immediate risk to life or serious harm, contact emergency services. A consent-based approach and safeguarding awareness are recommended in homelessness support practice in England.

## 1. Contact details

| | |
|---|---|
| **Date and time of contact** | |
| **Name used by the person** | |
| **Preferred way to be addressed** | |
| **Date of birth / approximate age** | |
| **Phone number** | |
| **Safe way to contact them (call, text, WhatsApp, email, via partner agency, no voicemail, specific times)** | |
| **Current location / usual area** | |
| **National Insurance number** (if offered voluntarily) | |

## 2. Immediate safety and emergency check

| | |
|---|---|
| **Is the person in immediate danger right now?** Yes / No | |
| **Urgent medical need?** Yes / No | |
| **Any immediate safeguarding concern?** Yes / No | |
| **Is the person under 18?** Yes / No / Unsure | |
| **If yes to any of the above, what action was taken?** | |
| **Emergency contact or supporting professional** (if known and consent given) | |

## 3. Current situation

| | |
|---|---|
| **Where did they sleep last night?** | |
| **Where are they likely to sleep tonight?** | |
| **Are they rough sleeping?** Yes / No / At risk of rough sleeping | |
| **Are they currently in temporary accommodation, sofa surfing, or staying with friends/family?** | |
| **Do they have access to food, water and suitable clothing?** | |
| **Do they feel safe where they are?** | |
| **Any pets with them?** | |
| **Any dependants with them?** | |

**Additional Notes**

## 4. Support needs

| | |
|---|---|
| **Main reason for contacting Squaddie Box (CIC)** | |
| **Housing issue** (eviction, no fixed abode, unsafe accommodation, relationship breakdown, leaving institution, other) | |
| **Benefits / income issue** | |
| **Health needs** (physical health, mental health, medication access, substance use, mobility, pregnancy) | |
| **Veteran or armed forces connection** Yes / No / Prefer not to say | |
| **Support currently involved** (GP, housing officer, social worker, probation, support worker, outreach team, charity, none known) | |
| **Barriers to support** (ID, phone access, transport, literacy, immigration status concerns, past trauma, other) | |
| **What help is the person asking for today?** | |

## 5. Consent and information sharing

| | |
|---|---|
| **Has the person agreed to Squaddie Box (CIC) recording this information?** Yes / No | |
| **Has the person agreed to information being shared with another service if needed?** Yes / No / Limited consent | |
| **If limited consent, specify what can be shared and with whom** | |
| **Would they like help to contact the local authority / housing options team?** Yes / No | |
| **Would they like a referral to rough sleeping outreach where appropriate?** Yes / No | |
| **Preferred next step** | |
| **Best time and method for follow-up** | |

**Additional Notes**

## 6. Staff use only

| | |
|---|---|
| **Staff member name** | |
| **How contact was made** (phone, text, email, in person, referral partner, social media) | |
| **Summary of presentation and needs** | |
| **Actions taken today** | |
| **Referrals/signposting made** | |
| **Safeguarding action taken** | |
| **Follow-up date** | |
| **Case status** Open / Pending / Closed | |

## 7. Staff use only

**Additional Notes/Actions**

| |
|---|
| |

**Good practice note:** Use clear, non-judgemental language and explain why information is being collected. Homelessness guidance in England emphasises consent for referrals where required, safeguarding awareness, and person-centred assessment of needs. [Homeless Link](), [GOV.UK homelessness guidance] (), and [NICE guidance] () all support this approach.