



## Safe & Well Partnership Referral Crib Sheet

NYFRS have produced this document to assist you while you are out of the office and away from our online referral form. These are 11 main questions that we would like to know in order to prioritise members of the public and helps us ensure that the best support is provided.

*Circle or tick as appropriate.*

### Property Ownership?

|        |                |
|--------|----------------|
| Rented | Owned property |
|--------|----------------|

### Property Type?

|          |               |         |                 |       |
|----------|---------------|---------|-----------------|-------|
| Detached | Semi-detached | Terrace | Flat/Maisonette | Other |
|----------|---------------|---------|-----------------|-------|

### Number of floors?

|          |           |           |           |       |
|----------|-----------|-----------|-----------|-------|
| 1 storey | 2 storeys | 3 storeys | 4 storeys | Other |
|----------|-----------|-----------|-----------|-------|

### Is there at least 1 working smoke alarm fitted on each floor of the property?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

### Room details?

|         |             |              |             |              |
|---------|-------------|--------------|-------------|--------------|
| Kitchen | Living room | bedroom      | dining room | bathroom     |
| hallway | Landing     | Utility room | garage      | office/study |

### Tidiness/Clutter

|   |  |
|---|--|
| Please identify using the Clutter image rating scale. 1 – 9 |  |
|---|--|



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### Heating

|                 |          |                      |                 |                |
|-----------------|----------|----------------------|-----------------|----------------|
| Central heating | gas fire | open fire/log burner | electric heater | gas/oil heater |
|-----------------|----------|----------------------|-----------------|----------------|

### Occupants? Please list numbers

|              |            |                    |               |                 |
|--------------|------------|--------------------|---------------|-----------------|
| Adults 18-65 | Adults 65+ | Young children 0-5 | Children 6-12 | Teenagers 13-17 |
| Number of    | Number of  | Number of          | Number of     | Number of       |

### Health conditions?

|                        |                           |                         |                        |
|------------------------|---------------------------|-------------------------|------------------------|
| Limited mobility       | Visual impairments        | Hearing impairments     | Learning disability    |
| Dementia / alzheimer's | Physical health condition | Mental health condition | Breathing difficulties |

### Behaviors?

|                            |                            |                       |                     |                    |
|----------------------------|----------------------------|-----------------------|---------------------|--------------------|
| Smoking (Including vaping) | Drinking alcohol (Regular) | Prescribed medication | Support from carers | Recreational drugs |
|----------------------------|----------------------------|-----------------------|---------------------|--------------------|

### Previous fires in the last 3 years?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

More information and support can be found on our website <https://www.northyorksfire.gov.uk/> or via our contact details below.

**Email:** [capabilities@northyorksfire.gov.uk](mailto:capabilities@northyorksfire.gov.uk)

**Switchboard available 24/7:** 01609 780150

North Yorkshire Fire & Rescue Service Prevention Team

<https://www.safelincs.co.uk/hfsc/?ref=NYFRS>