

Standard Referral Form

Introduction

This standard referral form has been developed following consultation with stakeholders and a range of housing providers. The aim of the referral form is to prevent duplication and to allow referrals to be made to organisations in a systematic approach agreed by the City Council.

It is envisaged that the referral form will be completed by a range of partners including, Housing, Health, Probation, Social Services, the Voluntary Sector and Housing Providers.

The referral form is to be used by all applicants requiring supported housing with the homeless sector. The process should be embedded into organisations assessment or allocations procedures, although it is accepted that supported housing providers will continue to carry out additional assessments.

The referral form contains standard information, which will be essential for supported housing providers to make a decision on eligibility for services. The form is split into 5 sections, as listed below

SECTION A – To be completed by the referral agency: Contains a number of sections, which are self-explanatory. The last part of this section asks for information regarding risk management. It is accepted that not all referring agencies will be party to risk factors however it is recommended that where risks are known organisations must share these details in a multi agency approach.

SECTION B – Consent Form

SECTION C – Equal Opportunities Monitoring – Local Authority requirements.

SECTION D – Equal Opportunities Monitoring – Stakeholder Identified.

SECTION E – Details a list of all the providers the form is being sent to for accommodation/support.

Additional Material

Whilst this form covers the basic information required in making an application, referrers may be asked to provide further information.

Please complete as fully as possible and send to **project address**

Referring Agency

Name and Contact Details of Referrer:					
Type of Agency:					
Probation	<input type="checkbox"/>	CMHT	<input type="checkbox"/>	Drug & Alcohol Agency	<input type="checkbox"/>
LA Housing / Homeless Unit	<input type="checkbox"/>	LA Social Services	<input type="checkbox"/>	Health Agency / Hospital	<input type="checkbox"/>
Prison Service	<input type="checkbox"/>	Advice Agency	<input type="checkbox"/>	Housing Association/RSL	<input type="checkbox"/>
Other	<input type="checkbox"/>				
Nature and Length of Contact with Applicant (Please include any relevant information, care/ support plans etc.)					
Will current involvement be continuing (e.g., frequency of visits, type of work carried out):					

Previous and Current Accommodation

Please give details of the applicant's current accommodation (in particular any previous experience of living in shared accommodation):					
Council House	<input type="checkbox"/>	Hostel / Refuge	<input type="checkbox"/>	Housing Association	<input type="checkbox"/>
Residential Home	<input type="checkbox"/>	Living with parents	<input type="checkbox"/>	B & B	<input type="checkbox"/>
Living with relatives	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Living with friends	<input type="checkbox"/>
Rough Sleeping	<input type="checkbox"/>	Custody	<input type="checkbox"/>	Bail Hostel	<input type="checkbox"/>
Other Supported	<input type="checkbox"/>	Owner Occupier	<input type="checkbox"/>	Direct Access Accomodation	<input type="checkbox"/>
Local Authority Care	<input type="checkbox"/>				

Please give details of previous / current accommodation (if possible please can you account for the previous 2 years):		
Type of accommodation	Dates if known	Why left (/why need to leave?)

What area is client from?					
Newcastle	<input type="checkbox"/>	Sunderland	<input type="checkbox"/>	Gateshead	<input type="checkbox"/>
Durham	<input type="checkbox"/>	North Tyneside	<input type="checkbox"/>	South Tyneside	<input type="checkbox"/>
Northumberland	<input type="checkbox"/>	Other	<input type="checkbox"/>		

Does the applicant have any rent arrears? (From any previous or current accommodation) Yes No
If yes, how much, and to who is money owed?
Is there any thing being done to address the arrears?

Family Information

Is applicant pregnant? Yes No				
If yes, what is applicants due date:				
Does applicant have children? Yes No				
If yes, what are the names and dates of birth of the children:				
<table border="1"> <thead> <tr> <th>Name</th> <th>D.O.B</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Name	D.O.B		
Name	D.O.B			
Do they currently live with applicant? Yes No				
If no, who are they living with? (please can you also say whether there any plans for child/children to return to applicants care)				
Does applicant have contact rights?				
Name and contact details of Health Visitor / Midwife (if any):				
Does applicant have social services involvement regarding children? Yes No				
If yes please provide name of social worker and contact details:				
Please can you give details of reasons for social services involvement:				

Marital Status / Civil Partnership:					
Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Civil Partnership	<input type="checkbox"/>
Co-Habiting	<input type="checkbox"/>	Divorced / Separated	<input type="checkbox"/>	Other	<input type="checkbox"/>

Sexuality:					
Please can you specify if you are aware of the clients sexuality					
Gay	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>	Transsexual	<input type="checkbox"/>	Unsure	<input type="checkbox"/>

Are there any domestic violence issues?

Health Information

Does Applicant have a GP? (if yes, please give name and contact details)
Does applicant have any physical health problems? Yes No (if yes please give further details, for example , do they have problems with stairs, is there an OT report available)
Does applicant have any physical disabilities? Yes No (if yes please give details)
Does applicant have any mental health needs? Yes No (if yes please give details)
Does client take any medication ? (Name of medication and can applicant self medicate)
Does the applicant have any Learning disabilities? Yes No (if yes please give details)

Other Agencies Involvement

Please give details of any other agency that client has involvement with (E.g. CPN, Day Centre, Probation, Social Workers, Drug Treatment, YOT)			
Name / Agency	Address Contact	Tel Number	Will current involvement be continuing

Substance Misuse

Does applicant have any problems with drug, alcohol or solvent misuse (or has done in the past) Yes No
Please give details, plus details of any treatment previously undertaken or currently undergoing:

Offending History

Please give details of current offence and any previous convictions:
Has applicant ever been convicted of Arson? Yes No (please give details)
Has Applicant ever been convicted of any violent or sexual offences? Yes No (please give details)
Are there any outstanding Court Appearances? (please state details)

Is applicant barred from any area? (eg Is applicant subject to an ASBO)
Are there any other restrictions on the applicant in place ? (e.g Is the applicant currently tagged. If so please check that provider accepts those on tag before submitting application)
Are there any other areas that wouldn't be appropriate for applicant?

Financial Information

JSA / Income Support <input type="checkbox"/>	Wages <input type="checkbox"/>	Incapacity Benefit <input type="checkbox"/>	DLA <input type="checkbox"/>
Child Benefit <input type="checkbox"/>	Pension <input type="checkbox"/>	Tax Credits <input type="checkbox"/>	Other (please state).....
AMMOUNT PER WEEK	<input type="text"/>		

Further Information

Are there any plans for the applicant's resettlement in the longer term?
Has applicant applied to Your Choice Homes ? Yes – Eligible , please give ref no: Yes – Ineligible (please say whether this decision appealed / reason given for ineligibility) No – Not Applied
Please provide your assessment of the applicants suitability for living in both shared and supported accommodation.
Does the applicant have any comments?

SECTION B

Consent Form

Client name:

Address:

Date of Birth:

Agency Involved:

Please could you sign below to confirm that the above information is accurate is accurate to the best of your knowledge. Failure to disclose information may affect your application. Agencies may share information with other organisations, however this will be done in the strictest of confidence. The project staff will use the information, which you have provided, and any additional information, for internal purposes. Exception to this would be if in our view the interests of public protection tool priority.

Signed client:

Signed referral Agent:.....

Date:

SECTION C

For Equal Opportunities monitoring purposes only, it would be helpful if you would give the following information. (This information will not affect any offer of or consideration for housing with us)

Gender					
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
Disability; as applicable					
None	<input type="checkbox"/>	Registered Disabled	<input type="checkbox"/>	Disability (not registered)	<input type="checkbox"/>
Wheelchair User	<input type="checkbox"/>	Refused	<input type="checkbox"/>	Not Known	<input type="checkbox"/>
Ethnic Origin					
White British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	European	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Asian British	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other /Asian	<input type="checkbox"/>
White / Black Caribbean	<input type="checkbox"/>	White / Black African	<input type="checkbox"/>	White / Asian	<input type="checkbox"/>
Other Mix	<input type="checkbox"/>	Refused / Not Known	<input type="checkbox"/>		<input type="checkbox"/>
Other Ethnic Group (please state):					

SECTION D

For Equal Opportunities monitoring purposes only, it would be helpful if you would give the following information. (This information will not affect any offer of or consideration for housing with us)

Nationality					
UK National Resident in UK	<input type="checkbox"/>	UK National returning from Overseas	<input type="checkbox"/>	Latvia	<input type="checkbox"/>
Estonia	<input type="checkbox"/>	Poland	<input type="checkbox"/>	Slovakia	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>	Czech Republic	<input type="checkbox"/>	Refused	<input type="checkbox"/>
Other European Economic Area Country	<input type="checkbox"/>	Any other Country	<input type="checkbox"/>		<input type="checkbox"/>
Austria/Belgium/Cyprus/ Denmark/Finland/France /Germany/Greece/Ireland/ Italy/Luxembourg/Malta/ Netherlands/Portugal/Spain /Sweden/Iceland/ Liechtenstein/Norway & Switzerland					

SECTION E

Referral agencies should refer to appropriate support services based on need. It is recommended that a maximum of 5 housing providers should be referred to at any one time. Please can referring organisations list the agencies applied to and the date the form was sent.

Where a vacancy has been accepted/ refused it is the responsibility of the accommodation provider to inform the referral agent. The referral agent should notify the housing providers below to explain of the outcome (e.g. if an offer of accommodation has been made)

HOUSING PROVIDER APPLIED TO	DATE SENT