|  |  |
| --- | --- |
|  **Referral Agency** |  |
| **Contact Name**  |  |
| **Email and Phone no** |  |
| **Date of Referral** |  |

Transitions Housing Solutions Referral form

|  |
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| **Needs Assessment Form** |

#### **Personal details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Forename (s)** |  |
| **DOB** |  | **Age** |  |
| **NI Number** |  | **Nationality** |  |
| **Phone number**  |  | **Prison and release Date** |  |
| **Marital Status** |  | **Dependent****Children** |  |
| **Previously been in care** |  | **Ex- Armed Forces** |  |

|  |  |  |
| --- | --- | --- |
| **Agencies** | **Name** | **Contact** |
| GP |  |  |
| Dentist |  |  |
| Social Worker/After Care |  |  |
| Psychiatrist |  |  |
| CPN |  |  |
| Probation Officer |  |  |
| Drugs Worker |  |  |
| Alcohol Worker |  |  |
| Support Worker |  |  |
| Next of Kin/Contact |  |  |
| Other |  |  |

|  |
| --- |
| **Current Accommodation Details**  |
| Rough Sleeping □ Homeowner □ Social Housing Tenant□ Family home□ Private Rented□Lodger□ Hostel□ Sofa Surfing □ |

**Accommodation History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Any stable Accommodation history** **last 5 years if known)** | **From** | **To** | **Type of accommodation.** |
|  |  |  | Homeowner□ Tenant □Family home□ Private Rented□Lodger□ Hostel□ Sofa Surfing□Other □ (please state) |
|  |  |  | Homeowner□ Tenant□Family home□ Private Rented□Lodger□ Hostel□ Sofa Surfing□Other □ (please state) |
|  |  |  | Homeowner□ Tenant□ Family home□ Private Rented□Lodger□ Hostel□ Sofa SurfingOther □ (please state) |

**Needs Assessment Section**

|  |
| --- |
| **Support Needs (Housing Related)** |
| Have you or someone on your behalf made a homeless application in the last 56 days? | Yes □ No □ |
| What Local Authority do you have a connection to?  |
| Nottingham □ Broxtowe □ Bassetlaw □Gedling □ Mansfield □ Newark & Sherwood □ Rushcliffe □ Ashfield □If known name of Housing Advisor: |
| History of Rough Sleeping | Yes □ No□ |
| History of eviction in last five years | Yes □ No □ |
| History of rent arrears in last five years | Yes □ No □ |
| History of abandoning tenancies | Yes □ No □ |
| History of Anti-Social Behaviour | Yes □ No □ |
| Caused damage to property | Yes □ No □ |
| Problems with neighbours or house mates | Yes □ No □ |
| Been the person responsible for harassment | Yes □ No □ |
| Homeless due to prison sentence(s) | Yes □ No □ |
| No experience of living independently | Yes □ No □ |
| Previous experience of living in a hostel | Yes □ No □ |
| Previous experience of living in a shared house | Yes □ No □ |
| Please use this space for any other information relevant to housing support need |
| **Support Needs (Finance, Benefit & Debt Related)** |
| Are you in receipt of benefits or eligible to claim? (Please specify which benefit and how much you receive)JSA □ Incapacity benefit /ESA □ DLA□Income Support □ Housing Benefit □Universal Credit □Other benefits □ (please state) | Yes □ No □ |
| Do you have any other income?Ex. Pension (If yes please give details) | Yes □ No □ |
| Do you have a bank account or credit union account? | Yes □ No □ |
| Are you subject to benefit sanctions? | Yes □ No □ |
| Do you have any high-risk debts? (i.e owe money to a drug dealer, Loan Shark, Pay Day lender) | Yes □ No □ |
| Do you have any debts subject to court orders? | Yes □ No □ |
| Please use this space for any other information relevant to Finance, Benefit or Debt related support need |
| **Specialist Support Needs** |
| Reading and writing/Numeracy | Yes □ No □ |
| Filling in forms | Yes □ No □ |
| Looking after money and paying bills | Yes □ No □ |
| Looking after a home (cooking, cleaning etc.) | Yes □ No □ |
| \*Personal Care i.e. Washing, Dressing | Yes □ No □ |
| \*Physical Health Needs  | Yes □ No □ |
| \*Mental Health Needs  | Yes □ No □ |
| \*Substance Misuse | Yes □ No □ |
| \* Please use this space for any other information Social Care Contact................................................................................................................................GP Contact.............................................................................................................................................CPN Contac………………………………………………………………………………………………………Are you currently prescribed any medication? Yes □ No □If yes please give details:  |

**Offending:**

Have you ever been in trouble with the police Yes □ No □

If yes, please detail any offences?

You will also be required to provide a copy of your pre cons so that your application can be processed

|  |  |  |
| --- | --- | --- |
| **Date of Offence**  | **Offence**  | **Outcome**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 **Are you currently (please tick)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **On bail** |  | **Community Supervision** |  | **Prison Licence** |  |

Are you currently working with Probation? Yes □ No □

If yes, please give details

Workers Name ……………………………………………………………………………………………………….

Contact Details ……………………………………………………………………………………………………….

 ……………………………………………………………………………………………………….

**\*Risk Assessment – Please tick where appropriate\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Physical Health concerns** | **Yes** | **No** | **Mental Health Problems** | **Yes** | **No** |
|  |  |  |  |  |  |
| **Detained under the Mental Health Act, if yes, by who?** |  **Yes**  | **No**  | **Incidents involving Arson** |  **Yes** | **No**  |
|  |  |  |  |  |  |
| **Known suicide attempts** |  **Yes** | **No**  | **Known self-harm** | **Yes** | **No** |
|  |  |  |  |  |  |
| **Dual Diagnosis**  |  **Yes** | **No** | **Most serious damage caused:** |  |  |
|  |  |  |  |  |  |
| **Danger to other** | **Yes**  | **No**  | **Danger to children** | **Yes**  | **No** |
|  |  |  |  |  |  |
| **Bizarre behaviours**  |  **Yes** | **No**  | **Dangerous Behaviour** |  **Yes** | **No**  |
|  |  |  |   |  |  |
| **Substance abuse** | **Yes** | **No** | **Alcohol dependant**  |  **Yes**  |  **No**  |
|  |  |  |  |  |  |
| **Incidents of violence** | **Yes**  | **No**  | **Self-Care/Risk from Others** |  |  |
|  |   |  |   |  |  |
| **Incidents of abuse or harassment to others** |  **Yes** | **No**  | **Incidents of serious self-neglect** |  **Yes**  | **No**  |
|  |  |  |  |  |  |
| **Incidents of being abused/exploited** | **Yes**  | **No**  | **Incidents of being harassed**  |  **Yes**  |  **No**  |
|  |  |  |  |  |  |
| **Verbal aggression towards others** | **Yes**  | **No**  | **Problems managing anger/impulsive behaviour** | **Yes**  | **No**  |
|  |  |  |  |  |  |
| **Sexual assault/exposure** | **Yes**  | **No**  | **Persistent provocative behaviour** | **Yes** | **No**  |
|  |  |  |  |  |  |

|  |
| --- |
| If you have ticked yes to any questions, please give a brief outline of behaviour/incidents. Also describe any work your organisation has carried out with the individual that relates to risk or any work that you or your client has agreed to carry out in the future. |
| (Please continue on a separate sheet if necessary) Was the client involved in assessing the risk(s) they may pose or others may pose to them?Yes /No (Circle as appropriate)If No, state why: No currently in custody.How long have you worked with the client?  |
| Completed by:   |
| Signed by worker:  |
| Date of Assessment:   |
| Name of Organisation:  |

**EXPLICIT CONSENT TO DISCLOSE INFORMATION**

I am aware that the Housing Provider will share information about me with other agencies. I understand that as part of my support I may be referred to other agencies in order for specific work to be carried out. I understand that the Housing Provider and partner organisations will use discretion and sensitivity in making enquiries and sharing this information. I also agree for the other agencies to discuss my case with the Housing Provider, and I understand this consent can be withdrawn at any time by informing the Housing Provider of this.

I consent for my personal information to be shared with the below agencies/individuals for the duration of my Probation Order/Licence. I understand that I can withdraw this consent at any time by informing a member of the CRC staff.

Family Member(s)/Partner listed below

...................................................................... Yes o No o

...................................................................... Yes o No o

...................................................................... Yes o No o

Community NHS staff Yes o No o

GP Yes o No o

Psychiatrist Yes o No o

Social Worker Yes o No o

Solicitor Yes o No o

Police Yes o No o

Prison Yes o No o

National Probation Service including CRC’s Yes o No o

Drug Treatment Services Yes o No o

Alcohol treatment Services Yes o No o

Housing Providers Yes o No o

Housing Benefit Department Yes o No o

Housing officer Yes o No o

Council Tax Benefit Department Yes o No o

Department for Works & Pensions Yes o No o

Utility Companies Yes o No o

Debt Agencies Yes o No o

Other please specify:

...................................................................... Yes o No o

...................................................................... Yes o No o

...................................................................... Yes o No o

...................................................................... Yes o No o

I understand that my personal information may be transmitted by electronic means, and I am aware of the risks that this may entail.

Signed: Worker Signature:

Print Name: Print Name:

Date: Date: