|  |  |
| --- | --- |
| Transitions Housing Solutions CIC, 1, 2 & 3 Chapel Court, Chapel Lane, Arnold, Nottingham, NG5 7DR 0115 8370510[www.transitions-cic.co.uk](http://www.transitions-cic.co.uk/) |   |

**Transitions Housing Solutions Referral form**

**Transitions Housing Solutions CIC (T.H.S) provides temporary supported accommodation for single adult with varying level of support needs, Applicants must be aged 18 or over.**

Most of our properties have stairs to access bedrooms and some room/ flats are located on the ground floor. All licensees will need to be mobile enough to manage stairs to access all rooms in the properties.

Transitions Housing Solutions do **NOT** support people who currently misuse illegal substances and not accessing specialist support and or on a script or have convictions of **arson/fire setting**.

Our accommodation and service, provide housing for single adults within multiple projects with variant specifications, they are as follows:

T.H.S’s Positive Change Project (supported HMO’s) supports referrals where a person may have **LOW – MEDIUM** level support needs who would benefit from support regarding building their confidence & self-esteem, improving financial competency, developing independent living skills, becoming 'employment ready' and/or require signposting to other community resources in order to accommodate personal/emotional wellbeing support needs. We will also support individuals who misuse alcohol through low level 'binge drinking or dependency if they are ready to seek professional support with their alcohol use, that is at a low level, (NO ALCOHOL PERMITTED ON THE PREMISES). **Referrals accepted from both Nottingham city & the county.**

T.H.S’s Rejuvenation project (24 hours a day, 1-1, 2-1, 3-1 or 4-1 etc) The Rejuvenation project’s function is to provide a person centred and therapeutic practice led support and care service for adults with a range of support and care needs that include, mental health, learning difficulties and autism, in a range of accommodation such as Self-contained flats Bungalows and Shared living depending on the residents needs and wants. Our service aims to promote independency and enablement with competent and qualified staff available 24 hours a day. **Referrals currently accepted from Nottinghamshire county only.**

T.H.S’s Pathways Project provides 6 Months intensive support and a further 6 Months Funded placements towards employability, Our Pathways Project’s objective is to provide a home and a bespoke support service for vulnerable adults ready to progress and make meaningful changes in their lives to gain employment. Through collaborations with Local Authorities and Training/ Employment agency BEAM Transitions Housing Solutions (CIC) is adopting an alternative approach to supported housing for vulnerable adults. **Referrals currently accepted from Nottingham City only.**

Anyone referred to Transitions Housing Solutions would need to agree to work towards his or her support plans and ensure they claim their entitlement to housing benefit and pay their weekly Service Charge.

**AGENCY REFERRAL FORM**

**GUIDANCE NOTE FOR THE REFERRING AGENT**

1. This form is to be used for all agency referrals for accommodation.
2. Please ensure to answer ALL questions - put N/A if not applicable, N/K if not known or N/D if applicant would not disclose. Please do not leave any empty questions.
3. It is the responsibility of the referring agent to ensure the completion and submission of this application.
4. All risks must be made clear on this form and highlighted.
5. Before referring, please make sure the service you are referring to is appropriate for your candidate, please note it is conditional that all applicants will be required to engage in support process offered.
6. Referring agents are asked to identify any on-going support / action which may be required.
7. All successful services users will be required to attend a minimum of 2 hours of support per week. Our service works with partners agencies to offer a range of support, training and employment and move on opportunities.

**Transitions Housing Solutions referral process**

1. Referring Agents are required to complete a referral form.
2. T.H.S will complete additional background checks to determine if the applicant is suitable for our service.
3. The referring agent will be contacted to as to the outcome of the referral and given the reasons for the decision.
4. Any decision made by T.H.S will stand. However, a decision not to offer accommodation at the time of referral does not preclude a further application being made at a later stage, should the person referred meet the requirement of Transitions Housing solutions and a space becomes available we will be in contact with the referral agency.
5. If the applicant is successful a support worker will be appointed and a package of support will be agreed with the Applicant,

All the information you give on this form will be kept confidential.

Please give as much information as you can, so that we can deal with your application quickly.

**Source of Referral -** **Please circle/ highlight.**

|  |  |  |  |
| --- | --- | --- | --- |
| Ashfield District council  | Nottingham City Council  | Mansfield District Council  | leaving care team  |
| Voluntary sector organizations  | Other Housing Provider  | Support Worker  | Health Visitor  |
| Adult social care  | Probation  | NHS | Other |

Referrer information

|  |  |  |  |
| --- | --- | --- | --- |
| Referral Agency |  | Contact Name & Role |  |
| Email |  | Phone no |  |
| Date of Referral |  |

**Project referring to: - Please circle/ highlight** (each explained on page 1)

|  |  |  |
| --- | --- | --- |
| Pathways project  | Rejuvenation Project | Positive Change Project |

|  |
| --- |
| **Needs Assessment Form** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Forename (s)** |  |
| **DOB** |  | **Age** |  |
| **NI Number** |  | **Nationality** |  |
| **Phone number** |  | **Prison and release Date** |  |
| **Marital Status** |  | **Dependants / Live with**  | **Yes /No** |
| **Immigration Status** |  | **pregnant Live with you**  | **Yes /No** |
| **Previously been in care** |  | **Ex- Armed Forces** | **Yes /No** |

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

|  |
| --- |
| **Current Accommodation Details (please circle/highlight)** |
| **Rough Sleeping** | **Homeowner** | **Social Housing Tenant** | **Family home** |
| **Private Rented** | **Lodger** | **Hostel** | **Sofa Surfing** | **Other** |
| **Previous accommodation history (last 5 years if known)** |
| **Address** | **From** | **To** | **Type of accommodation.** (Homeowner, Tenant,Family home, Private Rented, Lodger, Hostel, Sofa Surfing, Other (please state) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **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?** **(please circle/highlight)**  |
| Nottingham | Broxtowe | Bassetlaw | Mansfield | Gedling | Rushcliffe | Newark & Sherwood | 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/Arson  | 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 circle/highlight)** | Yes / No |
| Universal Credit  | Income Support | JSA | Incapacity benefit /ESA |
| Housing Benefit | DLA / PIP | Income Support | Other benefits (please state) |
| Do you have any other income? Eg - 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 |

|  |
| --- |
| **Support Needs and Risks – Offending**  |
| **Please try to be as honest as you can, we are not here to judge, we are simply assessing suitability for our accommodation. However, if Transitions Housing Solutions CIC is induced to grant accommodation by a false statement made knowingly or recklessly, we will take steps to end the said agreement.** |
| **Have you ever been arrested?** | **Yes/No** |
| **Do you have any sex offenses** | **Yes/No** |
| **If yes, give details of charges or cautions even if the offence is waiting to be heard, conviction is spent, or no sentence received.**  |
| **Arson** | **Theft/Burglary** | **Drug Related Offences** | **Robbery** |
| **Anti-Social Behaviour** | **Driving Offences** | **Car related Offence(s),** | **Handling Stolen Goods** |
| **sexual Offence(s),** | **Child Abuse** | **Fraud** | **Murder** |
| **Violence (with or without injury)** | **Threats to Kill** | **Manslaughter** | **Other** |
| **If yes, give details of charges or cautions even if the offence is waiting to be heard, conviction is spent, or no sentence received.** |
| **Other offences – Including any not heard yet or charged** |
| **Date** | **Offence** | **Drug/Alcohol Related** | **Outcome e.g bail, tag, prison, fines, (how much) Community service etc** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Please use separate sheet for any additional offences** |  |  |  |
| **Under Multi Agency Public Protection Arrangements? (MAPPA) 1,2,3** | **Y / N**  | **Level:** |  |
| **Under Integrated Offender Management (IOM)** | **Y / N** |  |
| **Under Multi Agency Risk Assessment Conference (MARAC) re: Domestic violence** | **Y / N** |  |
| **Risk of domestic violence: (past or present** | **Y / N** |  |
| **Perpetrator/Survivor** | **P / S** |  |
| **If yes to any of the above, please provide further details** |  |  |
| **What are your triggers to offending?** |  |
| **Have you ever been in a gang? Tell us about associated colours, are you in fear of anyone?** |  |  |  |
| **Are you currently subject to: (please circle/highlight)** |
| **Bail conditions** | **Community Supervision** | **Prison Licence** | **Working with Probation** | **Community service** |

|  |
| --- |
| \*Risk Assessment – Please highlight where appropriate\* |
| Physical Health concerns | Yes  | No  | Mental Health Problems | Yes  | No  |
| Detained under the Mental Health Act | Yes  | No  | Incidents involving Arson | Yes  | No  |
| Known suicide attempts | Yes  | No  | Known self-harm | Yes  | No  |
| Sexual assault/exposure | Yes  | No  | Persistent provocative behaviour | Yes | No  |
| Problems managing anger/impulsive behaviour | Yes  | No  | Verbal aggression towards others | Yes  | No  |
| **Incidents of being abused/exploited** | **Yes**  | **No**  | **Incidents of being harassed**  | **Yes**  |  **No**  |
| **Incidents of abuse or harassment to others** | **Yes**  | **No**  | **Incidents of serious self-neglect** | **Yes**  | **No**  |
| **Incidents of violence** | **Yes**  | **No**  | **Self-Care/Risk from Others** | **Yes** | **No** |
| **Substance abuse** | **Yes** | **No** | **Alcohol dependant**  | **Yes**  |  **No**  |
| **Danger to other** | **Yes**  | **No**  | **Danger to children** | **Yes**  | **No** |
| **Dual Diagnosis**  | **Yes**  | **No** | **Most serious damage caused:**  | **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.** |
|  |
| **Completed by:** | **Signed by worker:**  |
| **Date of Referral:**  | **Name of Organisation:**  |
|  |
| Please return the application form to - **RSI@transitions-cic.co.uk** |

