**Housing Referral Form**

The Jade Mutua Foundation Trust provides safe and affordable housing to vulnerable people unable to access the private rental market. We provide housing and enhanced tenancy management to those with complex needs and provide bespoke support services to empower independent living.

**Referring Agency Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of agency**  |  | **Date**  |  |
| **Contact name**  |  | **Contact No.** |  |
| **Contact email** |  |

**Client Details**

*Please complete the sections below in as much detail as possible.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Date of Birth** |  |
| **Contact Number** |  | **Gender**  |  |
| **NI Number**  |  |
| **Ethnicity** |  | **Religion**  |  |
| **Languages spoken**  |  |
| **Service Required** |  |
| **Housing Allowance** *(****PIP, exempt*** *or* ***uncapped rent*** *only accepted)* |  |
| **Placement Start Date** |  | **Projected End Date** |  |

|  |  |
| --- | --- |
|  |  **Details** |
| **Is the client homeless?** | Yes / No |  |
| **Dependants under 18?** | Yes / No |  |
| **Housing debt with former landlords?** | Yes / No |  |
| **Does the client hold a bank account?** | Yes / No |  |
| **Does the client have a criminal record?**  | Yes / No |  |
| **Are there any pending criminal cases?** | Yes / No |  |

**Client History**

|  |
| --- |
| **Placement History** |
|  |
| **Family**  |
|  |
| **Health Status** (*Include any regular prescribed medication*) |
|  |
| **Education, Employment and / or Training** |
|  |
| **Interests & Hobbies** |
|  |

|  |  |
| --- | --- |
| **Activity** | **Support needed** |
| **Assistance to attend/keep appointments** |  |
| **Registering with local doctors/dentist** |  |
| **To claim and manage benefits** |  |
| **To make top up payments** |  |
| **Access to drug /alcohol support** |  |
| **Planning meals and cooking meals** |  |
| **Dealing with day to day issues** |  |
| **Understanding and completing forms** |  |
| **Attending meetings and interviews** |  |
| **Any language/communication barriers** |  |

|  |
| --- |
| **Any other support agents?** |
|  |

|  |
| --- |
| **Any other specific extra support needs highlighted or risks to be considered?** |
|  |

I hereby authorise Jade Mutua Foundation Trust to make enquiries with any other agencies and for those agencies to share any information with Jade Mutua Foundation Trust. I also confirm that to the best of my knowledge the above information is accurate and will notify Jade Mutua Foundation Trust of any changes.

**Signed …………………………………………………………………………………………………………………………………………….**

**Please return completed form to:** info@jademutuafoundationtrust.org.uk