**REFERRAL FORM**

**Stage 1 (Placement Assessment)**

**In order to access this Exempt Accommodation Service, the applicant must have a qualifying level of support needs during the assessment process. It is important to understand the criteria for support is met under the DWP legislation. The applicant’s willingness to participate in the support is crucial; failing which the Accommodation cannot be offered.**

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| Date of Assessment | |  | | **Name of person undertaking Assessment** | | | | | |  | | | |
| Preferred Area | |  | | **Telephone number** | | | | | |  | | | |
| **Organisation** | | | | | |  | | | |
| **PERSONAL DETAILS OF APPLICANT** | | | | | | | | | | | | | |
| Preferred Title: | | Mr |  | Miss |  | | Mrs | |  | Ms |  | Other |  |
| Surname: | |  | | First Name (s): | | | | |  | | | | |
| Other Name (s) Known as: | |  | | Date of Birth: | | | | | | Place of Birth: | | | |
|  | | | | | |  | | | |
| Address: (where have you been living/staying previously) | |  | | | | | | | | | | | |
| Postcode: | |  | | | | | | | | | | | |
| Home No: | |  | | Mobile Tel No: | | | | | |  | | | |
| Work No: | |  | | National Insurance No: | | | | | |  | | | |
| Gender | | Male |  | Female | |  | | Marital Status: | |  | | | |
| **Current Situation/Reason for Homelessness:** | | | | | | | | | | | | | |
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| **DIVERSITY MONITORING FORM** | | | | | | | | | | | | | |
| **ETHNIC ORIGIN** | | | | | | | | | | | | | |
| White: British |  | White: Irish | |  | | White: Other | | |  | Mixed: White & Black Caribbean | |  | |
| Asian/Asian British: Indian |  | Mixed: White & Asian | |  | | Mixed: Other | | |  | Mixed: White & Black African | |  | |
| Asian/Asian British: Pakistani |  | Asian/Asian British: Bangladeshi | |  | | Asian/Asian British: Other | | |  | Black/Black British: Caribbean | |  | |
| Black/Black British: African |  | Black/Black British: Other | |  | | Chinese/Other Ethnic Group | | |  | Refuse to say | |  | |
| If you have listed other: Specify |  | | | | | | | | | | | | |
| **RELIGION** | | | | | | | | | | | | | |
| No religion/Atheist |  | Muslim | |  | | Christian (all denominations) | | |  | Sikh | |  | |
| Buddhist |  | Hindu | |  | | Jewish | | |  | Prefer not to say | |  | |
| Any other: Please Specify |  | | | | | | | | | | | | |
| **SEXUAL ORIENTATION** | | | | | | | | | | | | | |
| Heterosexual |  | Homosexual | |  | | Lesbian | | |  | Trans Gender | |  | |
| Bisexual |  | Other: | |  | | Prefer not to say | | |  |  | | | |
| **COMMUNICATION NEEDS** | | | | | | | | | | | | | |
| Are any of the following needed? | | | | | | | | | | | | | |
| Large Print |  | Braille | |  | | Audiotape/CD | | |  | Translation/ Interpreter\* | |  | |
| Pictures & Symbols |  | Easy Read | |  | | BSL/Makaton | | |  | Other\* | |  | |
| If yes, please provide more details: |  | | | | | | | | | | | | |
| **FINANCIAL INFORMATION** | | | | | | | | | | | | | |
| Please specify source(s) of income: | | | | | | | | | | | | | |
| What is your source of income: What benefits are you on? |  | | | | | | | | | | | | |
| Total Amount Received: |  | How Often | |  | | | | | | | | | |
| Do you have any debts?  If so, please provide details | | | |  | | | | | | | | | |
| Do you have any issues with gambling?  If so, please provide details | | | |  | | | | | | | | | |
| **CRIMINAL** **RECORD** | | | | | | | | | | | | | |
| Have you ever been convicted of a criminal offence or have any pending court appearances?  If yes, please give details below: | | | | | | | | | | | | | | |
| Nature of Offence | | | | Date | | | | | Sentence | | | | |
|  | | | |  | | | | |  | | | | |

PLEASE NOTE: the declaration of criminal offence(s) does not necessarily mean that you will be excluded from being offered a housing related support package

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| **Support Needs** | | | |
| Reason for requiring Supported Housing  (**Please tick at least 5 in order to be considered for supported accommodation)** | | | |
| Tenancy failure or losing short term accommodation |  | Becoming homeless / evicted (within 28 Days) |  |
| Ongoing issues with drug and alcohol |  | Ability to manage ongoing health problems |  |
| Access to local services Rough Sleeping |  | Access to health services |  |
| Improved quality of life |  | Build an alternative support network |  |
| Skills to eat healthily |  | Access voluntary services |  |
| Ability to manage personal hygiene |  | Risk of domestic abuse |  |
| Increase social and community networks |  | Frequent presentation to accident and emergency |  |
| Unplanned hospital admissions |  | Reduce social isolation |  |
| Accessing drug and alcohol services |  | Obtaining or maintaining a suitable home |  |
| Getting involved in activities |  | Increased feelings of being less reliant |  |
| Gaining and / or maintaining employment and / or education and training |  | Risk of long-term worklessness |  |
| Deteriorating financial position |  | Developing household skills |  |
| Help to find other help |  | Feeling more involved |  |
| Risk of offending |  | Risk of harm from others |  |
| Risk of self-harm |  | Reducing feelings of isolation |  |
| Ongoing health issues |  | Ability to be keep home safe & secure |  |
| Developing problem solving skills |  | Ability to manage a healthy lifestyle |  |
| Developing personal competence |  | Developing self esteem |  |
| Increased feelings of being more independent |  | Ability to manage health & wellbeing |  |
| Ability to manage £ better |  | Developing interpersonal skills |  |
| Increased knowledge |  | Increased confidence |  |

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| **DECLARATIONS** | |
| I agree that the information contained in this referral/initial assessment form is true and accurate and I consent to it being used as part of the assessment and risk process. By signing below, I agree that all the information provided is true and I will inform the provider of any changes. I also understand that Matty’s Place C.I.C have the right to refuse support if I have provided any information that is incorrect/false. | |
| **INFORMATION SHARING** | Signature |
| I understand that Matty’s Place C.I.C will carry out checks on the information I have provided through contact with other agencies’, e.g. Medical Professionals, probation services, social services etc. I am signing to say I give permission to share information about me with other agencies. |  |

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| *Office Use Only* | |
| **Date referral received** |  |
| **Referred from**  **(Please state agency name or self-referral)** |  |
| **Are the criteria met?**  **(must have at least 5 support needs to qualify)** |  |
| **If placement not awarded, please state reasons**  **If placement awarded, please proceed to STAGE 2 of this FORM** |  |

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| **Upon receipt of this referral form, the support worker must confirm all information in this document with the tenant to check for any updates/changes to the tenant’s information and to ensure the risk assessment and support plan are accurate.** | | | | |
| Full check completed with the tenant? | Yes |  | No |  |
| If no, please state why |  | | | |
| Support worker name |  | | | |
| Support worker signature |  | | | |
| Date |  | | | |