|  |
| --- |
| **1) Personal Details** |
| Name |  |
| DOB |  | NINO |  |
| Preferred Gender |  |
| Contact Details |  |
| Preferred Method of Contact (This is needed to arrange sign up) |  |
| Relationship Status |  |
| Next of Kin (Name, Number) |  |
| **2) Referrer’s Details** |
| Name |  |
| Organisation |  |
| Email |  |
| Phone |  |
| Length of Time Known (and in what capacity) |  |
| If you are unable to complete this form for the person, please specify why below.  |
|  |
| **3) Housing** |
| Do you have an active homelessness application with Plymouth City Council?If no, would you like someone to contact you to arrange for you to make an application? |
| What is the person’s current housing situation? (Please include their local connection).  |
|  |
| Explanation of housing provision in the city. **Low support needs =** PATH/ SSTS, **Medium Support =** PTA, Grand Parade. **Higher support needs (Non Care related) =** George H, Salvation Army, Grand Parade, H4H. Are there any conflicts and does the person understand where they will be offered? **Mobility may also impact the accommodation offer such as ground floor access/ lift access.** *Revisit this once assessment is completed.* |
|  |
| Housing/homelessness history: (please cover at least the last 5 years and include organisation name if it was a hostel/supported housing provider/social housing landlord)  |
| *When* | *Where* | *Reason for Departure* | *Name / Contact number*  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| What has gone well in previous accommodation? *(A time where accommodation has been maintained*) How did they do this and what skills did they use?  |
|  |
| What hasn’t gone well in previous accommodation? *(Please also consider barriers to accessing accommodation such as previous arrears, ASB and exclusions (evictions)*  |
|  |
| **4) Mental Health** |
| Does **the person** describe themselves as having mental health issues? Are they aware about how this affects them on a day to day basis? When did they have their last crisis and what happened?  |
|  |
| Does **anyone else** describe the person as having mental health issues? (Diagnosed by GP/ CPN/ MH professional). Have you ever been admitted/sectioned to a mental health facility?  |
|  |
| Is the person engaging with any support/treatment? Do they take medication as prescribed?  |
|  |
| Are there any current/historic concerns about self-harm and suicide? |
|  |
| Current/Past Contacts for mental health support: |  |
| Name | Organisation/Family/Friend | Contact Details | Current/Historic |
|  |  |  |  |
|  |  |  |  |
| **5) Physical Health** |
| Does the person have any significant physical health issues? *(Please consider self-neglect in this section).*  |
|  |
| Is the person able to manage their physical health issues? Are they engaging with support/treatment? Does the person have any **mobility/life activity physically** related impairments? *(E.g. missing a limb, using a wheelchair, etc).* |
|  |
| Does the person have any BBV such has hepatitis B/ C/ HIV? Received any treatment for the above or started treatment? If so where and when?Any recent hospital admittance? If so what ward and what was reason for admission? |
|  |
| Contacts for this area of support i.e ASC/ OT/ Physio : |  |
| Name | Organisation/Family/Friend | Contact Details | Current/Historic |
|  |  |  |  |
|  |  |  |  |
| **6) Substance Misuse** |
| Does **the person** see themselves as having any issues relating to the use of illicit drugs, alcohol, NPS or prescribed medication? *(Please give amounts and frequency if possible).* Is the person engaging with support/treatment? |
|  |
| Has the person had any periods without misusing any of the above? What worked well for them? Has the person identified any relapse triggers?  |
|  |
| Does the person have a history of overdose or challenging behaviour whilst under the influence?  |
|  |
| Does the person say that they have dealt illicit substances? (Or are professionals aware of a history of dealing) Was this to fund their own drug use? Were they involved with dealers outside of our local area? What happened?  |
|  |
| Contacts for this area of support: |  |
| Name | Organisation/Family/Friend | Contact Details | Current/Historic |
|  |  |  |  |
|  |  |  |  |
| **7) Daily Living** |
| Is the person able to function day to day? Are they able to cook, clean, wash, meet health and safety requirements around their accommodation, attend appointments, understand simple instructions? If not, please give details.  |
|  |
| Are there any concerns around this person’s ability to make informed choices? Are there any known factors that impact their mental capacity? (E.g. head injuries, dementia, developmental disabilities, Korsakoffs, etc). |
|  |
| Contacts for this area of support: |  |
| Name | Organisation/Family/Friend | Contact Details | Current/Historic |
|  |  |  |  |
|  |  |  |  |
| **8) Communication** |
| Does the person have any difficulties communicating verbally with others and making themselves understood? (E.g. speech impediment, hearing impairment, English is their second language, etc). |
|  |
| Does the person have any difficulties understanding written communication? (E.g. significant visual impairment, dyslexia, etc). |
|  |
| Contacts for this area of support. Is support needed such as translator/ BSL etc: |  |
| Name | Organisation/Family/Friend | Contact Details | Current/Historic |
|  |  |  |  |
|  |  |  |  |
| **9) Interacting with Others** |
| What is the best way to engage with this person? Has anything been identified that doesn’t work well for them? (*Is the person generally able to engage with others and respond appropriately?)* |
|  |
| Does the person have any history of being aggressive, threatening or violent to others – including workers – or targeting vulnerable individuals? Are they known to carry weapons? |
|  |
| Does the person have any difficulties dealing with stressful situations? (E.g. obvious reactiveness, quick to become angry, withdraws or becomes none co-operative, etc).  |
|  |
| Are there concerns about current/historic offending? (Please include anything that might impact on their housing allocation, such as arson or sexual offences). Are they on probation? |
|  |
| Does the person have any current/historic vulnerability around others? (E.g. financial exploitation, domestic abuse, etc). |
|  |
| Contacts for this area of support: |  |
| Name | Organisation/Family/Friend | Contact Details | Current/Historic |
|  |  |  |  |
|  |  |  |  |
| **10) Finances** |
| Does the person claim benefits or receive any other income? *(Please include whether they have a bank account and who they bank with*). Do they have any concerns with no recourse to public funds ? |
|  |
| Does the person have any debt or arrears? How much and with whom?  |
|  |
| Does the person have any difficulties with managing their money, budgeting or gambling?  |
|  |
| Contacts for this area of support: |  |
| Name | Organisation/Family/Friend | Contact Details | Current/Historic |
|  |  |  |  |
|  |  |  |  |
| **11) Other Information** |
| Is there any other information that you feel is relevant to consider around housing this person? (E.g. access to children**, dog ownership (Have the dog with them, or is the dog in the care of someone else)**, etc).Has the person ever been in the Services? |
|  |
| Are there any other areas that you have concerns about that you feel need further investigation? *(Failure to answer questions, evasive, lack of detail or understanding?)* |
|  |
| Does the person wish to add any other information? Do they have any questions for us?  |
|  |
| **12) Risk Information** |

|  |  |  |
| --- | --- | --- |
| **EVIDENCE OF:-** | **WHERE KNOWN** | **DATE(S) AND DETAILS OF LAST OFFENCE (If Known)** |
| **Risk to Children** | **YES** | **NO** |  |
| **Serious Violent Offences** | **YES** | **NO** |  |
| **Arson** | **YES** | **NO** |  |
| **Damage to Property**  | **YES** | **NO** |  |
| **History of Vandalism** | **YES** | **NO** |  |

|  |
| --- |
| **13) Referrer’s Signature** |
| *I am signing to agree that I have completed this referral form as fully and as accurately as possible, and all the information is correct to the best of my knowledge. I understand that I may be asked to provide additional information on any of the sections above.* |
| Name | Signature | Date |
|  |  |  |
| **14) Client’s Signature** |
| Name | Signature | Date |
|  |  |  |

When this form is **FULLY** completed, please return via:

Email: A2areferralshub@bcha.org.uk

Secure Email: victoria.channing@bcha.cjsm.net

Post: **Access 2 Accommodation HUB**

**Fairfield House**

**17 Pentillie Road**

**Plymouth**

**PL4 6QL**

For all other enquiries please call: 01752 251733

|  |
| --- |
| **REFERRAL PROCESSING FORM** |
| **NAME** |  | **D.O.B.** |  |
| **REFERRED BY** |  | **RECEIVED ON** |  |
| **ACCEPTED** |  | **CHECKED ON** |  |
| **DECLINED** |  | **DATES** |  |
| **COMMENTS / INFORMATION:** Please record pre-interview / assessment dates, if the Client attended or did not attend and any decisions made regarding offers of accommodation. |
| **Date** | **Action** | **Signed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Low**PATH/ SSTS, | **Medium**PTA, Grand Parade. | **High**George H, Salvation Army, Grand Parade, H4H |
| INTERVIEW DATE |  | DATE |  |
| ATTENDED | Y / N | RETURNED BY | Email | Post | Hand |
| BOOKED IN |  | RETURNED ON |  |
| **Assessment overview** |
| Client declined by Agency (Date and Reasons)  |  |
| Client declined accommodation (Date and Reasons) |  |
| OVERVIEW |