**Daniel Housing Support: Accommodation and Housing Management -**

**Referral Form**

**Supported Housing Applications and Eligibility Criteria**

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| **What is supported accommodation?**  Daniel Housing Support provides a variety of supported housing models to meet varying needs such as short term, medium term, and long-term accommodation. Short term to long term stay is from 4 months to 2 years plus. We work with clients to help them live as independently as possible in the community.  You could live in shared housing, where you have your own bedroom but share facilities like a kitchen, bathroom, and living area  **Who is our supported accommodation for?**  Supported housing provides housing as well as staff support to assist people in addressing issues such as those listed below:   * You have been homeless, or never had your own tenancy, and need support to obtain a tenancy and to help manage it. * You have issues with drugs, alcohol or offending that affect your ability to obtain and/or manage a tenancy. * You have experienced a crisis and need help to keep safe and rebuild your life, for example, escaping domestic violence or harassment. * Ex-Offenders on Probation books looking for accommodation, including those who are due for release from custody.   **Eligibility Criteria**  **Short and Medium-term accommodation -**   * Eligibility for Housing Benefit * Eligibility for Housing Deposit Scheme * Requiring Housing related support to maintain a tenancy/move on * Completed Referral Form * Requiring Single Occupancy Accommodation with Floating Support * No Housing Benefit arrears   **Privacy Notice**  Please note personal details supplied on this form will be held and computerised by Daniel Housing Support CIC. We keep this personal information and use it to help the client as much as possible. Personal information will be kept secure and will not be disclosed to any other individuals or organisations without consent unless the law and our rules allow it. Under the General Data Protection Regulations (GDPR), we are required to disclose this information to the organisations listed above, as well as any organisation that works with the client, in certain circumstances. |

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| **Signatures & Consent**  **(*Please ensure that this section is completed before the referral is submitted*)** | | |
| Referrer Name Signature  Date: | | |
| Applicant Consent:  I give consent for the information contained herein to be shared with other agencies for the purpose of assessing and addressing my housing and support needs.  I give consent for the referrer to obtain and provide further information, some of which may be special category information regarding any criminal or social/medical history from relevant agencies regarding my support needs.  *I understand that Daniel Housing Support may enquire and seek further information appropriate to my application for housing and give consent for the appropriate professionals, familiar with my history, housing and support needs to release information about what is deemed necessary and appropriate to my application upon request.* | | |
| 1. **Personal Details of Applicant** | | |
| Name:  Mr/Mrs/Miss/Ms  *(Please circle/highlight)* | Date of Birth: | Age: |
| Address:  Post Code: | National Insurance No.: | |
| Phone Number:  Mobile Number: | Next of Kin:  Phone Number: | |

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| **2. Equality & Diversity**  ***(Please provide details in the boxes below)*** | | | |
| Gender: | Ethnicity:  (e.g White UK, White Irish, Black Caribbean, Pakistani, Bangladeshi, Other Mixed) | Religion/Beliefs:  (e.g Christian, Buddhist, Jewish, Muslim, Sikh, No Religion, Other) | Disability:  (e.g Physical, Mental, Learning, Visual, Hearing) |
| Sexual Orientation:  (Gay, Lesbian, Heterosexual, Bisexual) | Marriage & Civil Partnership status: | First Language spoken:  (Interpreter required?) | Pregnancy & Maternity Status: |

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| **3. Referrer Details** | |
| Referrer Name: | Agency/Organisation: |
| Job Title: | What is your relationship to the applicant? |
| Organisation Address:  Post code: | Contact Number(s): |
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| 1. **ID and Income** | |
| **Is the applicant claiming benefits**    **Are you in the process of applying for any benefits or awaiting confirmation of a claim?** | **Does the applicant have a bank account?**  **Are benefits paid directly into this bank account?** |
| If yes, please tick which benefits the applicant is in receipt of:   * Housing Benefit * Universal Credit * Disability Living Allowance * Personal Independence Payment (PIP) * Income Support * ESA (Employment Support Allowance) * Working Tax Credit * Pension Credits * Other, please specify: ………………………………………… | |

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| Does the applicant have ID? (please indicate which): | |
| Driving licence  Passport  Birth Certificate  Home Office letter stating indefinite leave to remain  Other  **Please note proof of ID will need to be provided at the Panel Assessment** | |
| 1. **Housing/Tenancy Questions** | | | | | | | | | | | | | |
| Has the applicant ever been evicted?  Yes □ No | | If yes, please give details. | | | | | | | | | | | |
| Are you aware of any arrears for rent or housing benefit?    Yes □ No | | If yes, please give details  Not aware of any. | | | | | | | | | | | |
| Does another person manage the applicant’s finances?    Yes □ No | | If yes, please give details  Please tick if they are an:   * Appointee * Have power of Attorney * Voluntarily manage your money | | | | | | | | | | | |
| 1. **Housing History** | | | | | | | | | | | | | |
| *Please provide a complete housing history for you / the applicant spanning the last 5 years. Please include temporary housing, hospital admissions, prison sentences, homelessness, and other similar situations. Please specify 'Type of accommodation' (private rental, B&B, staying with friends, living with family, hostel, hospital, prison, local authority, housing association etc.)* | | | | | | | | | | | | | |
| **Date from** | **Date to** | **Address** | | | | | | **Type of accommodation** | | | **Reason for leaving** | | |
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| 1. **Current Accommodation** | | | | | | | | | | | | | |
| Bed & Breakfast  Private Rented  Housing Association  Owner Occupier  Council Tenant | |  | Prison  Hospital  Homeless  Temporary Accomm.  Residential Home | | | | | |  | Staying with family/friends  Sheltered Housing  Supported Housing  Detox / Rehab | |  | |
| Other (Please describe): | | | | | | | | | | | | | |
| Please describe any issues with current accommodation (e.g., Rent arrears, anti-social behaviour, eviction order, pests, damp etc.) | | | | | | | | | | | | | |
| Do you have any pets? | | | | | | Do you smoke? | | | | | | | |
| **8. Support Needs** | | | | | | | | | | | | | |
| *This is one of the most important sections because it helps us understand how we can best support the applicant while they live with us and which of our properties would best support their rehabilitation.* | | | | | | | | | | | | | |
| **Support Need** | | | | **X** | **Support Need** | | | | | | | | **X** |
| Accommodation  *e.g. lack of move on accommodation* | | | |  | Drug Misuse | | | | | | | |  |
| ETE | | | |  | Alcohol Misuse | | | | | | | |  |
| Money & Debt | | | |  | Thinking & Behaviour  *e.g. poor problem solving, poor emotional control etc.* | | | | | | | |  |
| Relationships  *e.g. DV history, family issues, child contacts etc.* | | | |  | Attitudes  *e.g. Pro-crime attitudes, discriminatory beliefs etc.* | | | | | | | |  |
| Lifestyle & Associates  *e.g. boredom, easily influenced, criminal peers etc.* | | | |  | Health  *e.g. physical support needs, mental health issues etc.* | | | | | | | |  |
| Please provide details relating to all the need areas identified: | | | | | | | | | | | | | |
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| Do you have any mobility concerns?  Yes □ No  If yes, please give details of any special adaptations required.  Is the applicant happy to share facilities such as a kitchen/bathroom with men?  Yes No  Do you consider the applicant to be suitable for home visits by a lone female worker:  Yes No | | | | | | | | | | | | | |
| **9. Harm Screening** | | | | | | | | | | | | | |
| Please identify any relevant risk indicators below including details about the behaviour and any protective factors that mitigate the level of risk. | | | | | | | | | | | | | |
| **Has the applicant ever been convicted of…** | | | | **X** | | | **Details** (e.g. victim details, targeting, aggravating & mitigating factors, dates etc.) | | | | | | |
| Murder, Attempted Murder, Conspiracy to Murder or Manslaughter | | | |  | | |  | | | | | | |
| GBH/Wounding (Section 18 or Section 20 Offences Against the Person Act) | | | |  | | |  | | | | | | |
| Any sexual offence against a child(ren) | | | |  | | |  | | | | | | |
| Rape or serious sexual offence against an Adult | | | |  | | |  | | | | | | |
| Any other offence against a child | | | |  | | |  | | | | | | |
| Aggravated Burglary | | | |  | | |  | | | | | | |
| Arson | | | |  | | |  | | | | | | |
| Criminal Damage with Intent to Endanger Life | | | |  | | |  | | | | | | |
| Kidnapping/False Imprisonment | | | |  | | |  | | | | | | |
| Possession of a Firearm with Intent to Endanger Life | | | |  | | |  | | | | | | |
| Racially Motivated or Racially Aggravated Offence | | | |  | | |  | | | | | | |
| Robbery | | | |  | | |  | | | | | | |
| Any offence involving possession and/or use of weapons | | | |  | | |  | | | | | | |
| Any other serious offence e.g., Indecent Images, Stalking, Harassment etc. | | | |  | | |  | | | | | | |
| **Has the applicant ever…** | | | | **X** | | | **Details** | | | | | | |
| Assaulted/Threatened staff | | | |  | | |  | | | | | | |
| Assaulted/Threatened others | | | |  | | |  | | | | | | |
| Been violent towards a partner, family member or any other person with which they have lived with | | | |  | | |  | | | | | | |
| Committed a serious offence whilst not complying with medication | | | |  | | |  | | | | | | |
| Been sentenced to 4 years imprisonment or more | | | |  | | |  | | | | | | |
| Been involved in any hate-based behaviour | | | |  | | |  | | | | | | |
| Been assessed as a High Risk of Harm | | | |  | | |  | | | | | | |
| Been a conditionally discharged patient subject to a restriction order under Section 41 MHA 1983 | | | |  | | |  | | | | | | |
| Received an Extended Sentence | | | |  | | |  | | | | | | |
| Displayed stalking behaviour (whether convicted or otherwise) | | | |  | | |  | | | | | | |
| Displayed obsessive behaviour linked to offending | | | |  | | |  | | | | | | |
| Bizarre or ritualistic behaviour linked to offending | | | |  | | |  | | | | | | |
| Acted inappropriately towards staff or other visitors/service users | | | |  | | |  | | | | | | |
| Been involved or suspected involvement in gang activity/organised crime | | | |  | | |  | | | | | | |

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| **10. Risk of Reoffending and Risk of Harm Assessment** | | | | | | |
| Name of Responsible Officer |  | | | | | |
| RO Email Address |  | | | | | |
| Telephone Number |  | | | | | |
| Is the applicant in Custody?   * Yes * No | If yes, which prison? | | | Release Date: | | |
| Offence Details: | * Community Order * Suspended Sentence * X Licence | | | Sentence Expiry Date: | |  |
| Any Local Area Exclusion Zones |  | | Please give details | | | |
| Please provide details of the applicants history and pattern of offending e.g. summary of previous convictions, repeat victimisation/targeting, triggers or disinhibitions to offending etc. | . | | | | | |
| OGRS 2 Year Reconviction Score: |  | Risk of Harm Assessment: | | | * Low * X Medium * High * Very High | |
| **Complete for Medium Risk of Harm and Higher** | | | | | | |
| Who is at risk of harm? | Public Homeowners / vehicle owners, road users and pedestrians. | | | | | |
| What is the nature of the risk? |  | | | | | |
| When is the risk likely to be greatest? |  | | | | | |
| What factors are likely to reduce the risk? |  | | | | | |
| Is the applicant subject to MAPPA Level 2 or above |  | Date of next MAPPA Meeting? | | |  | |
| Please provide any other information of relevance relating to the risk of reoffending and risk of harm posed: | | | | | | |
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| **11. Other Agencies** | | |
| Please give details of any other agencies involved in the management and support of the applicant: | | |
| **Type of Agency** | **Support Worker name** | **Contact Details (email and/or telephone)** |
| Children’s Services/ Adult Social Care |  |  |
| Mental Health Worker/ CPN/ Psychiatrist |  |  |
| Counsellor |  |  |
| Drug / Alcohol Worker |  |  |
| Operational Partner |  |  |
| Voluntary/ Charity Organisation |  |  |
| Other: (detail below) |  |  |
| Other: (detail below) |  |  |
| Other: (detail below) |  |  |

**Please submit your completed referral form to Daniel Housing Support CIC by email at:**

[info@DanielandcoPropertiesCIC.onmicrosoft.com](mailto:info@DanielandcoPropertiesCIC.onmicrosoft.com)

***For Office Use Only:***

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**Date of Panel Assessment:**

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**Panel Assessment Attendees:**

**Outcome of Panel Assessment:**

Tenancy Offered:                             Yes / No

MHFS Support Offered:                Yes / No

Further Information required:    Yes / No

Risk Assessment / Care Plans Provided:  Yes / No

Transition support provided by:

**Signed:**                     (Daniel Housing Support CIC )