



Bethel
Homeless
Ministry

Love in Action

Agency Referral

APPLICATION
FORM

Section 1 – Referring Agency Details

Date of referral: _____

Name of the agency: _____

Agency's website: _____

Name of agent: _____

Current Address:

Office telephone number: _____

You email address: _____

Section 2 – Additional Information

How long have you known the individual you are referring to us? _____ Months _____ Years

How do you know the person you are referring? _____

Why are you referring this individual to us?

Overall what do you anticipate Bethel Housing Association can do for this individual?



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Section 3 – Applicants Personal Details

Title: Mr Mrs Miss Ms Other _____

Surname: First Name:

Current Address:

Postcode:

Contact Number:

Email Address:

D.O.B: Age:

Gender: Male Female Other:

Marital Status:

Section 4 – Applicants Identification

Do they have a birth certificate? Yes No

National insurance:

Do they have a medical card? Yes No

What is their NHS number?

Do they have a passport? Yes No

Passport number:

Do they have a driving licence? Yes No

Driving licence number:



Section 5 – Equal Opportunity

What is their nationality?

What is their ethnicity origin?

What is their religion or belief?

What is their sexual orientation?

What is their native language?

Do they have a disability? Yes No

If yes, please describe:

Section 6 – Disclosures

Do they smoke? Yes No Occasionally

Do they drink alcohol? Yes No Occasionally

Do they use drugs? Yes No Occasionally

Does the applicant have any criminal convictions? Yes No

Please outline any convictions not considered spent under the Rehabilitation of Offenders Act

Date of Conviction	Offence	Length of Sentence

Is the applicant on any medication? Yes No

Name of Medication	Dosage	Time Taken	Reason for Usage



Section 7 – Applicants Family History and Background

Section 8 – Applicants Current Personal Situation and Their Care History

Section 9 – Education

Please outline any qualifications the applicant has achieved so far

Qualification	Grade	Date

Is the applicant currently studying or interested in studying? Yes No

If yes, please outline:

Section 10 – Applicants Employment Status

In full-time work	<input type="checkbox"/>	Company:	<input type="text"/>
		Job Title:	<input type="text"/>
		Contact No:	<input type="text"/>
In part-time work	<input type="checkbox"/>	Company:	<input type="text"/>
		Job Title:	<input type="text"/>
		Contact No:	<input type="text"/>
In voluntary work	<input type="checkbox"/>	Company:	<input type="text"/>
		Job Title:	<input type="text"/>
		Contact No:	<input type="text"/>
Retired	<input type="checkbox"/>		
Unemployed	<input type="checkbox"/>		

Please list the last 3 employment history (if applicable):

Company: Job Title: Start date: End date:	Briefly outline main responsibilities:
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Is the applicant looking for work? Yes No

If answered either yes or no, please outline:



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Section 11 – Finances

Does the applicant have a bank account? Yes No

If yes, who do they bank with?

Please outline all income the applicant receives:

Name of Income Provider	Amount Paid	Date Paid to Them
	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	

How much rent do they currently pay?

Please describe how their rent is currently paid:

Is the applicant in any rent arrears? Yes No

If yes, how much in total do they owe?

Does the applicant have any other outstanding debt? Yes No

If yes, how much in total do they owe?

If answered yes, please fill out the boxes below:

Company	Total Amount	Contact Number
	£	
	£	
	£	
	£	
	£	

Is there anything else regarding the applicant's financial status we need to be aware off?



Section 12 – Housing

Where did the applicant sleep last night?

Is there a history of difficulties regarding the previous tenancies?

Category	Put X (where applicable)	Details:
Rent arrears		
Behaviour of friends		
Neighbour disputes		
Anti-social behaviour		
Evictions		
Harassments		
Other		

Please list the applicants last five addresses (as owner occupier or tenant)

	House Name & Contact Number	Type of Housing	Start Date	End Date	Reasoning for leaving
Most Recent					
Least Recent					

Does the applicant give consent for BHA to contact any of the above previous addresses for a reference?

Yes

No



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Section 13 – Health

Is the applicant in good health overall? Yes No

If no, please describe why:

When was the applicants last GP health check-up?

When was the applicants last dental health check-up?

When was the applicants last optician health check-up?

Any significant medical conditions? Yes No

If yes, please describe:

Any lack of self-care? Yes No

If yes, please describe:

Any mobility problems / physical disability? Yes No

If yes, please describe:

Any learning disability? Yes No

If yes, please describe:

Any mental health conditions? Yes No

If yes, please describe:

Any substance misuses? Yes No

If yes, please describe:



Section 14 – Support Needs

Which of the following areas is support required and briefly outline why it is needed?

Wellbeing	
Life Skills	
Family Network	
Work, Training or Education	
Relationships	
Registering or Signing Up	
Managing Money	
Licence or Tenancy	
Moving On	



Section 15 – Safeguarding

Is the applicant subject to either of the following?

Multi Agency Public Protection Arrangement involvement? Yes No

If yes, please
outline:

Public Protection Unit involvement? Yes No

If yes, please
outline:



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Section 16 – Risk Assessment

Please use the following definitions to answer the questions:

High	Medium	Low
Likely, severe or significant	More frequent/regular incidents and/or of a significant nature	Isolated or occasional instances of non-significant incidents and/or a low potential of incidents occurring or reoccurring

Does the applicant have a history and is there a risk of the following violent offences/incidents to others?

Category	H	M	L	Details
Physically abusive				
Emotionally abusive				
Social abusive				
Mentally abusive				
Sexually abusive				
Racially abusive				
Financially abusive				
Discriminate others				
Shows threatening behaviour				
Shows challenging behaviour				
Feeling annoyed often				
'Flying off the handles'				
Feeling aggressive				
Feeling out of control				
Overreacting				
Getting angry over minor things				
Shows lack of remorse				
Shows lack of regret				
Makes serious false allegations				
Theft				
Damage to property				
Arson				

What are the possible triggers and who is potentially at risk?

Does the applicant have a history and is there a risk of the following violent offences/incidents to themselves?

Category	H	M	L	Details
Has sleeping problems				
Has eating disorders				
Self-harming				
Suicidal thoughts				
Suicidal attempts				
Misuse of medication				
Accidental overdosing				
Receptive to physical abuse				
Receptive to emotional abuse				
Receptive to social abuse				
Receptive to mental abuse				
Receptive to sexual abuse				
Receptive to racial abuse				
Receptive to financial abuse				
Learning difficulties				
Can withdraw from others				
Feels hopeless				
Self-neglect				
Easily agitated				
Can feel paranoid				
Has high or/and low days				
Hearing or seeing things that others find it hard to believe				
Can believe things will happen to them or others without rational cause				
Can behave inappropriately				
Feeling obsessed with violence, extremism, radicalisation, weapons or any other material				

What are the possible triggers and who is potentially at risk?



Section 17 – Current Support Being Received

Please outline all the support the applicant is currently receiving:

	Name, Address and Contact Number	How Frequent Do They Have Support?	What Are the Reasons for the Support?
1			
2			
3			
4			
5			

Does the applicant give consent for BHA to contact any of the above services?

Yes

No



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Section 18 – Referral Agency Support

How will the referring agency support the applicants transition from where they are to Bethel Housing Association?

Section 19 – Any Other Information

Please use this section to outline any other information Bethel Housing Association needs to be aware off



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Section 20 – Agent Declaration

I confirm that I have attached all the relevant documentation as requested.

To the best of my knowledge, the information within this form is true and accurate. I understand that if relevant information has not been disclosed or any information deemed false, it may jeopardise the applicant's placement here at Bethel Housing Association.

Agent Full Name: _____

Signature: _____ **Date:** _____

Section 21 – Applicants Declaration

I authorise the organisation's staff and volunteers to communicate with agencies/individuals on my behalf. Specifically, this may include:

- Job centre and local authority workers
- Doctors
- Health and mental health workers
- Housing workers
- Social workers
- Drug and alcohol workers
- Lawyers / solicitors
- Previous landlords and accommodation providers
- Police
- Probation workers
- Voluntary sector support agencies
- Family / friends

I agree to engage with the organisation's staff and volunteers and to work with an initial support plan to help me to sustain my license.

I declare that the information I have given is true, accurate and complete, and agree that it can be passed on to the organisation where necessary.

I also agree that the organisation may approach other agencies or workers for further information and that relevant information can be shared with those agencies where necessary.

Applicants Full Name: _____

Signature: _____ **Date:** _____



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