



REFERRAL FORM

Tel 0333 3661159

Email: - info@cchousing.co.uk

Please highlight which area of support accommodation you would prefer:
Blackpool/Preston/Morecambe/Stoke/Grimsby/Barrow/Luton/Plymouth

Creating Change Housing Management, provides clients that are at risk of homelessness or those already homeless, that would struggle to maintain a tenancy to live as independently as possible by empowering and encouraging clients with the appropriate level of direct support that would not otherwise be received in general accommodation.

Name

D.O.B

Phone number:

NI Number

Is the client homeless?

Any Housing debt with former landlords

Any known issues of ASB

Any children under 18

Any ongoing medical issues, if yes more information

Any previous convictions for arson

Any previous criminal convictions, if yes provide details:

Any Previous violence or DV? if yes please provide details

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What benefits are being claimed:

Is a bank/building society account held: **Name?**

Any issues around alcohol/drugs, if yes **please provide details and treatment**

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Any mental health issues, if yes please provide details including history of their mental health: Anxiety and depression , ADHD

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Any other supporting agencies in place:

Any current local connections: i.e. Any of the other areas listed atop of this page:

Any Social service involvement:

Risk factors: all possible information from history i: e OASys , Mainstay – existing support plans

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Any other supporting agents in place:

Please mark with an 'X' in the relevant field	Support need	N/A
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		

Agency making the referral:

Name of Individual acting on behalf of the agency:

Contact Details of referring agency:

Date of referral:

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

Signed

IMPORTANT: Please note all information requested in red above is critical to our carrying out a faster risk assessment prior to entering into an assessment , any information received later could put the clients licence at risk