Reds Housing Supported Accommodation Referral Form

1. **Referrer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of assessment:** | **Name of person undertaking assessment:** | **Name of Agency undertaking assessment:**  | **Contact** **Tel. No:** |
|  |  |  |  |

1. **Applicant**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Preferred title:** |  Mr | Mrs |  Miss |  Mrs |  Other |
| **First Name:** | **Surname:** | **Contact Number:**  | **D.O.B:** | **NI Number:** |
| **Housing History:**(addresses over last 3 years) | 1.Reason for leaving:  |
| 2.Reason for leaving:  |
| 3.Reason for leaving:  |

1. **Current Situation**

|  |  |
| --- | --- |
| Please write the current situation you are in: *e.g: homeless, threatened with homelessness, evicted.* |  |

1. **Diversity and Equalities monitoring**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White** |  | **Black or Black British** |  | **Asian or British Asian** |  |
| British |  | Caribbean |  | Indian |  |
| Irish |  | African |  | Pakistani |  |
| Other: Write below…………………… |  | Other: Write below……………… |  | Bangladeshi |  |
| **Mixed** |  | **Any Other Ethnic Background.** Write below: ……………………………. |  | Chinese or Chinese British |  |
| White and Black Caribbean |  | **Your preferred language is:**…………………………… |  |
| White and Asian  |  |
| Other: Write below…………………… |  |

1. **Religion**

*Please tick the one that applies to you:*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Christianity(All denominations) |  | Muslim |  | Sikh |  | Hindu |  |
| Buddhist |  | Jewish |  | Atheist/No religion |  | Declined to answer |  |
| Any other religious affiliation: |  |

1. **Sexual Orientation**

|  |  |
| --- | --- |
| **Sexual Orientation**  | Please tick the one that applies to you:  |
| Heterosexual/Straight |  |
| Homosexuale.g gay, lesbian, LGBT |  |
| Transgender |  |
| Declined to answer |  |

1. **Communications**

*How would you like us to communicate with you?*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Large print |  | Braille |  | Audio tape/cd |  | Translation/Interpreter |  |
| Makaton |  | Easy Read |  | BSL/other deaf service |  | Other (please specify) |  |

1. **Financial Information**

What is your source of income?

(What Benefits are you on?)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle how often you receive your income:

Daily Weekly Monthly Other \_\_\_\_\_\_\_\_\_\_\_

Total Amount Received:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Medical Information**

|  |
| --- |
| Medical Information |
| Please give details of any medical conditions or illnesses that you may have:  |
| Prescribed medication and doses: *e.g medication x doses x how often* |

1. **Criminal Record**

Have you ever been convicted of a criminal offence or have any pending court appearances?

(Please Circle)

Yes No

**If ‘Yes’ please complete below:**

Please ensure **ALL** offences, convictions and court orders are listed to avoid any delays on your application.

|  |  |  |
| --- | --- | --- |
| **Date:** | **Nature of Offence:** | **Sentence/Outcome:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

1. **Other support**

|  |
| --- |
| Additional Support/ContactsPlease give details of any agency or service that you are currently receiving support from:  |
| Social Worker |  | CPN |  |
| Probation Officer |  | Psychiatrist/psychologist |  |
| Floating Support worker |  |  |  |

1. **Support Needs**

*Please identify at least 5 support needs to be considered for supported accommodation.*

 *(Please tick what support you receive)*

|  |  |  |  |
| --- | --- | --- | --- |
| Tenancy Failure/Loss of short-term accommodation |  | Becoming homeless/Evicted (within 28 days) |  |
| Ongoing drug/alcohol issues |  | Ability to manage ongoing health issues |  |
| Access to local services/rough Sleeping |  | Access to health services |  |
| Improved quality of life |  | Building support networks |  |
| Life skills support |  | Risk of domestic abuse/violence |  |
| Personal hygiene issues |  | Frequent attendance at hospital |  |
| Reduce social isolation |  | Accessing drug/Alcohol services |  |
| Obtaining accommodation |  | Homeless application |  |
| Employment support |  | Training support |  |
| Reduce risk of reoffending |  | Reduce risk of harm from others |  |
| Debt advice |  | Budgeting advice |  |
| Reduce risk of self-harm |  | Maintaining a healthy lifestyle |  |
| Improving self-esteem |  | Developing general life-skills |  |
| Getting Tenancy Ready |  | Accessing move-on accommodation |  |
| Developing Financial Skills |  | Accessing bank account |  |
| Registering with essential services |  | Securing formal identification |  |
| Advocacy  |  | Accessing welfare benefits |  |

1. **Risk Assessment**

|  |
| --- |
| Please give full details of any risks associated with this application to enable our support workers to meet your needs and/or where lone working issues exist. If you are making this referral for someone that is not known to you/or you are unable to complete the risk assessment, please tick here □ *(please ensure that support contacts are detailed as this will allow us to make relevant enquiries)***Please note that if this section is left blank or there is a lack of information. We will need to contact you for further information before we can make a decision on your application.** |
| Potential risk area | Yes | No | Potential risk area | Yes | No |
| Violence or Aggression |  |  | Harm to self/others/harm from others |  |  |
| Risk from known associates |  |  | Criminal activity(past or present) |  |  |
| Risk from others(friends/family/visitors) |  |  | Substance/Alcohol abuse |  |  |
| Recent discontinuation of medication |  |  | Risk due to mental health |  |  |
| Suicidal ideation/attempts |  |  | Risk of sexual offending |  |  |
| Risk of Arson |  |  | Risk of Domestic abuse |  |  |
| Firearms risks |  |  | Extreme anger issues |  |  |
| Please give full details and any additional information that could help us: |

1. **Declaration**

|  |
| --- |
| I confirm that the information contained in this referral is a true and accurate and I consent to its being used for referral purposes. By signing below, I conform that all the information provided is true and I agree to inform the provider of any changes/unforeseen omissions. I also understand that Kensington Care have the right to refuse support if information provided proved to be false or inaccurate. |
| Information Sharing: I agree that Reds Housing will carry out corroborative checks on the information provided in the referral via other agencies including (but not exclusively) the following medical practitioners/probation services/social services/DWP. I give permission to share information about my application with other agencies. |  |
| Signature: | Date: |
|  | Print Name:  |  |

Please return this form to:

referrals@redshousing.com

If you have any enquires please call us on 0121 250 4168.