

REFERRAL FORM FOR MIDDLESBROUGH HOUSING SUPPORT SERVICES

The Key Project / Support For All

Office Use Only: Key SFA

| Are you? | | Referral Date: | | | |
|---|-------------------------|--|-------------------------|--|-------|
| <input type="checkbox"/> The Applicant | | <input type="checkbox"/> The Referral Agency | | | |
| Eligibility Criteria: For referrals to be considered Applicants must: | | | | | |
| <input type="checkbox"/> Live in Middlesbrough | | <input type="checkbox"/> Be aged 18 or over | | | |
| <input type="checkbox"/> Require housing support | | <input type="checkbox"/> Be willing to engage in support | | | |
| SECTION 1: Referrer Details (if applicable) | | | | | |
| Referral Agency: | | | Contact Name: | | |
| Tel No: | | | Email: | | |
| Address: | | | | | |
| SECTION 2: Applicant Details | | | | | |
| Title | Full Name | M/F | DOB | Relationship | NI No |
| | | | | | |
| Contact No/s: | | | Email: | | |
| Address (or correspondence address if NFA): | | | Date From: | | |
| | | | Tenure: | | |
| | | | Name of Landlord: | | |
| Preferred Language: | | | | | |
| Interpreter or Signer Required <i>if yes please describe:</i> | | | | | |
| Does the Applicant have a local connection to Middlesbrough? | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| <i>If yes please give details</i> | | | | | |
| How long has the Applicant lived in Middlesbrough? | | | | ____ Years ____ Months | |
| SECTION 3: Other Support/Agencies | | | | | |
| Type | Contact Name and Number | Type | Contact Name and Number | | |
| <input type="checkbox"/> Family Member | | <input type="checkbox"/> Probation Officer | | | |
| <input type="checkbox"/> Friend | | <input type="checkbox"/> Drug/Alcohol Worker | | | |
| <input type="checkbox"/> Social Worker | | <input type="checkbox"/> CPN | | | |

SECTION 4: Housing History *5 year housing history for anyone over 16 who will be living at the property*

| Name | Address | Start/End Dates | Landlord's Name / Contact | Reason for Leaving | Were they the Tenant? |
|------|---------|-----------------|---------------------------|--------------------|-----------------------|
| | | | | | |

SECTION 5: Support Areas *Information must be provided below for each support area selected to determine which DISC service will best suit the Applicant's needs*

- | | |
|--|--|
| <input type="checkbox"/> Claiming benefits / maximising income | <input type="checkbox"/> Finding suitable accommodation |
| <input type="checkbox"/> Debt problems | <input type="checkbox"/> Setting up home/furnishing home |
| <input type="checkbox"/> Access to training/ employment/ education | <input type="checkbox"/> Maintaining accommodation |
| <input type="checkbox"/> Gaining access to other services | <input type="checkbox"/> Resolving dispute with landlord |
| <input type="checkbox"/> Parenting or family problems | <input type="checkbox"/> Daily living skills – shopping, housework etc |
| <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Reducing anti-social/offending behaviour |
| <input type="checkbox"/> Health and wellbeing | <input type="checkbox"/> Personal safety and security |
| <input type="checkbox"/> Problems with alcohol | <input type="checkbox"/> Domestic abuse |
| <input type="checkbox"/> Problems with drugs | <input type="checkbox"/> Filling In forms/making phone calls |
| <input type="checkbox"/> Homelessness issues | <input type="checkbox"/> Social skills/behaviour management |

Claiming benefits / maximising income *Must be completed if support area selected above*

Is the Applicant receiving any benefits? Yes No

If yes please give details of which benefits

Is the Applicant eligible for / in receipt of a Personal Budget? Yes No

If yes please give details

Problems with alcohol / drugs *Must be completed if support area selected above*

Please give details of alcohol / drug use:

Is the Applicant engaged with an alcohol / drugs support provider? Yes No

If yes please give details:

Finding suitable accommodation *Must be completed if support area selected above*

If accommodation is required, has a COMPASS application been completed? Yes No
If yes please state band or reason for refusal and reference number

Does the Applicant need support to access a Rent Deposit Bond? Yes No
If yes please give details:

Is anyone in the household pregnant? Yes No
If yes please give details:

Does anyone in the household use a wheelchair or have a disability? Yes No
If yes please give details:

Has the Applicant received any tenancy education? Yes No
If yes, please give details:

Has the Applicant been threatened with homelessness? Yes No
If yes please give details

Reducing ant-social / offending behaviour *Must be completed if support area selected above*

Does any household member have an Anti Social Behaviour Order/ Injunction (ASBO/ ASBI), Criminal ASBO, Acceptable Behaviour Contract (ABC), or any other court order? Yes No
If yes please give details

Does anyone in the household have any criminal convictions? Yes No
If yes please give details

Has anyone in the household ever been in prison? Yes No
If yes please give details/ date of release

Additional information *Must be completed for other support areas selected above*

Use this space to provide details of any other support required, priorities or any further information on the support areas above.

SECTION 6: Risk Assessment*Please use the following definitions to answer the questions:*

| | |
|---------------|--|
| LOW | Isolated / occasional instances of non-significant incidents and/or low potential of incidents |
| MEDIUM | More frequent/regular incidents and/or of a more significant nature |
| HIGH | Likely, severe or significant |

| Category | L | M | H | Comments |
|----------|---|---|---|----------|
|----------|---|---|---|----------|

Does the applicant have a history / risk of any of the following violent offences/incidents to others:

| Category | L | M | H | Comments |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Physical abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Describe below potential triggers and who is at risk: |
| Mental abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sexual abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Racial abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Verbal abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Damage to property/arson | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Is there a history of difficulties regarding previous tenancies?

| Category | L | M | H | Comments |
|-----------------------|--------------------------|--------------------------|--------------------------|---|
| Rent arrears | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If any identified, please give further details: |
| Behaviour of friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Neighbour disputes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Anti-social behaviour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Evictions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Harassment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Is there a history of or risk from others/client's vulnerability of any of the following?

| Category | L | M | H | Comments |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| Suicide | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If any identified, please give further information including triggers, details of incidents etc: |
| Self-harm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Accidental overdose | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Misuse/non-compliance of medication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Abuse from others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Vulnerability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mental health issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Substance misuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

If you are a referral agency, please state how long you have known the Applicant?

Is it safe to visit the Applicant at home?

Yes No

If no, where is there another safe place?

Are there any known associates that may present a risk to lone workers?

Yes **No**

If yes, please give details

Has the applicant ever been subject to MAPPA or MARAC?

Yes No

If yes please give details

Has the Applicant ever been refused support?

Yes No

If yes, please state why?

Please provide any other relevant information:

SECTION 7: Authorisation

I confirm that the information contained in this document is true and includes all relevant information required to correctly assess this referral.

Signed: *(Applicant)*

Date:

Signed: *(Referral Agency)*

Date:

If obtaining a signature was not possible, tick to confirm you have the Applicant's verbal authorisation:

SECTION 8: Consent

Under the Data Protection Act 1998 it is a requirement to obtain your consent to share information about you with other agencies and organisations who may be involved in providing services to you. You have a right to prevent this and therefore do not have to consent if you do not want your information to be shared. However, it may be difficult to provide you with some of the services you need if you do not give your consent.

I give my permission for agencies to obtain further information from all other relevant agencies which may include, for example, Adult Services, landlords, police, probation, benefits agencies and housing benefit offices.

I understand that this information will only be made available to all providers/organisations that are able to assist me to obtain the correct level of support and enable me to sustain independent accommodation.

Signed: *(Applicant)*

Date:

If obtaining a signature was not possible, tick to confirm you have the Applicant's verbal consent:

SECTION 9: Equal Opportunities

We aim to promote equality and inclusion to ensure fair access to the service in line with the Equalities Act 2010. These questions are used to monitor access to the service and are not used to make decisions on eligibility or allocation. We will not discriminate unlawfully and our Equality Protocol is available on request.

Ethnicity**Asian**

- Bangladeshi Pakistani
 Indian Other

Black

- African
 Caribbean

Chinese or other ethnic group

- Chinese
 Other

Gypsy and Traveller

- Gypsy Irish Traveller
 Other

Mixed

- White and Black Carib White and Black Afr
 White and Asian White and Other

White

- White British Eastern European
 White Irish White Other

Prefer not to say

Not known

Religion/ Belief

- Christian
 Muslim
 Hindu
 Jewish
 Sikh

- Buddhist
 Atheist
 Agnostic
 Other:
 Prefer not to say Not known

Marital/Civil Partnership Status

- Married
 Single
 Divorced
 Widowed
 Prefer not to say

- Civil Partnership
 Dissolved Civil Partnership
 Separated
 Other:
 Not known

Gender

- Male
 Female
 Transgender
 Other:
 Prefer not to say
 Not known

Sexuality

- Heterosexual
 Gay
 Lesbian
 Bisexual
 Other:
 Prefer not to say Not known

Pregnant or given birth in the last 6 months?

Yes No Prefer not to say Not known

Disability

Yes No Prefer not to say Not known

A person is disabled under the Equality Act 2010 if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities.

Next Steps: Send by email, post, fax to: gateway.referrals@disc-vol.cjsm.net (secure)
gateway.referrals@disc-vol.org.uk (please password protect) Tel: 01642 211255 Fax: 01642 241860
DISC, Ground Floor, Newham House, 96-98 Borough Road, Middlesbrough, TS1 2HJ