

Version: March 2015

**REFERRAL FORM FOR MIDDLESBROUGH**

**HOUSING SUPPORT SERVICES**

**Office Use Only: Key SFA**

* Key Project
* Support For All

**The Key Project / Support For All**

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| **Are you?** | | | | | | **Referral Date:** | | | |  | |
| The Applicant | | | | | | The Referral Agency | | | | | |
| **Eligibility Criteria:** For referrals to be considered Applicants **must**: | | | | | | | | | | | |
| Live in Middlesbrough  Require housing support | | | | | Be aged 18 or over  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** |
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| Contact No/s: | | | Email: | | | | | | | | |
| Address *(or correspondence address if NFA)*: | | | Date From:  Tenure:  Name of Landlord: | | | | | | | | |
| Preferred Language:  Interpreter or Signer Required *if yes please describe*: | | | | | | | | | | | |
| Does the Applicant have a local connection to Middlesbrough? Yes  No  *If yes please give details* | | | | | | | | | | | |
| 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 | | |
| Family Member | |  | | Probation Officer | | | | |  | | |
| Friend | |  | | Drug/Alcohol Worker | | | | |  | | |
| Social Worker | |  | | CPN | | | | |  | | |

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| **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? |
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| 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* | | | | | | | | | | | | | | | |
| Claiming benefits / maximising income  Debt problems  Access to training/ employment/ education  Gaining access to other services  Parenting or family problems  Mental health problems  Health and wellbeing  Problems with alcohol  Problems with drugs  Homelessness issues | | | | | | | | Finding suitable accommodation  Setting up home/furnishing home  Maintaining accommodation  Resolving dispute with landlord  Daily living skills – shopping, housework etc  Reducing anti-social/offending behaviour  Personal safety and security  Domestic abuse  Filling In forms/making phone calls  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:** | | | | | | | | | | | | | | | |
| Physical abuse | | | | |  | |  | |  | Describe below potential triggers and who is at risk: | | | | | |
| Mental abuse | | | | |  | |  | |  |
| Sexual abuse | | | | |  | |  | |  |
| Racial abuse | | | | |  | |  | |  |
| Verbal abuse | | | | |  | |  | |  |
| Damage to property/arson | | | | |  | |  | |  |
| **Is there a history of difficulties regarding previous tenancies?** | | | | | | | | | | | | | | | |
| Rent arrears | | | | |  |  | | |  | If any identified, please give further details: | | | | | |
| Behaviour of friends | | | | |  |  | | |  |
| Neighbour disputes | | | | |  |  | | |  |
| Anti-social behaviour | | | | |  |  | | |  |
| Evictions | | | | |  |  | | |  |
| Harassment | | | | |  |  | | |  |
| Other | | | | |  |  | | |  |
| **Is there a history of or risk from others/client’s vulnerability of any of the following?** | | | | | | | | | | | | | | | |
| Suicide | | | | |  |  | | |  | If any identified, please give further information including triggers, details of incidents etc: | | | | | |
| Self-harm | | | | |  |  | | |  |
| Accidental overdose | | | | |  |  | | |  |
| Misuse/non-compliance of medication | | | | |  |  | | |  |
| Abuse from others | | | | |  |  | | |  |
| Vulnerability | | | | |  |  | | |  |
| Mental health issues | | | | |  |  | | |  |
| Substance misuse | | | | |  |  | | |  |
| **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: | | | | | | | | | | | | | | | |

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| **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** | **Sexuality** |
| Male  Female  Transgender  Other:  Prefer not to say  Not known | 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