

IS THIS A **SELF-REFERRAL**? YES Start at **Applicant's Details**
 NO Complete the Referring Agency section below

Referring Agency Details (All sections *must* be completed)

Referrers Name: Name of Agency:
 Telephone Number and Ext.: Email:
 Mobile Number: Fax Number:
 Address:
 *Please include postcode*
 Relationship to Applicant (e.g. housing advisor)
 How long have you known him / her?
 Briefly say why you are making this referral:

Applicant's Details (All sections *must* be completed)

Title: Name: Gender: **Male** or **Female**
 Date of Birth: Age: National Insurance Number:/...../...../...../...../
 Address where Living Now: Telephone
 Mobile:

Include postcode if known
 Care of or contact address if different from above:

Include postcode if known
 (Whose address is this? E.g. friend, mum etc.) Telephone
What is your situation now? Please tick the box or boxes and give details in the space below.
 Roofless (sleeping rough / on the streets) Homeless (e.g. with friends / family but temporary or on settee)
 Difficulties with current housing (e.g. disrepair or harassment) Fleeing violence / Unsafe Address
 Threatened with homelessness (e.g. told to leave home / notice to leave from landlord) Other (details below)

Important Contact Details Do you have any of the following contacts? If **yes** please give details

Next of Kin / Emergency? NO / YES. Name: Relationship:
 Address: Telephone:
Doctor? NO / YES. Name: Surgery:
 Address: Telephone:
Social Worker? NO / YES Name: Which Team?
 Address: Telephone:
 Reason for social worker:
Other? Telephone:
 Address:
 Relevant Child? **YES / NO** Details:

Additional Monitoring Information

You do not have to answer the questions in this section, but it will help the organisations that you are referred to with their equal opportunities monitoring and help them provide appropriate support.

Ethnic Origin (As defined by the Applicant)

<u>White</u>		<u>Mixed</u>		<u>Asian / Asian British</u>		<u>Black / Black British</u>	
British	<input type="checkbox"/>	White and Black Carribean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>
East European	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Any Other	<input type="checkbox"/>
Any Other	<input type="checkbox"/>	Any Other	<input type="checkbox"/>	Any Other	<input type="checkbox"/>		

Other

Chinese Middle Eastern Any Other Ethnic Group Don't Know Prefer Not To Answer

Please give details of any support needs due to ethnicity, culture or Faith:

.....

.....

.....

Sexuality (As defined by the Applicant)

Bisexual Gay Lesbian Straight Not Known Prefer Not To Answer

Please give details of any support needs due to sexuality:

.....

.....

.....

Disability (As defined by the Applicant)

Disabled Not Disabled Wheelchair user (NB There is now no category of 'registered disabled')

Please give details of any support needs due to disability:

.....

.....

.....

If Female, are you pregnant **YES / NO** If YES What date is the birth expected?

Do you have a partner you want to live with? **YES / NO** If YES Name:..... Date of Birth:

Income / Benefit Details *If you are in receipt of benefit say which one(s) you receive and how much*

Wages £..... per week / month (After Tax etc.) I also receive the following benefits / tax credits: -

.....

Unemployed / not working and receive the following benefits (E.g. Job Seekers, Income support, Incapacity, DLA etc.)

.....

.....

I am also in receipt of: (Tick boxes) Housing Benefit Council tax Benefit

Why Supported Housing

The hostels and accommodation providers that this referral will be sent to require residents to attend regular support meetings and work to a support plan. Please say why you want to live in supported housing. (Don't tell us what support you need; we'll ask you about that later, just say why you want to live in supported housing / hostel)

I want to live in a hostel or supported housing because

.....

.....

.....

.....

Housing History

Please give a full history of where you have lived over the last 3 years without any gaps. This could be, for example, previous tenancies, family or friends houses, sleeping rough or periods in prison.

DATES FROM - TO	ADDRESS	LANDLORD NAME & ADDRESS	REASONS FOR LEAVING	DEBT / ARREARS

If you need more space use the additional information page at the end of this form.

Medical / Health History

Please give details of any health problems that you have, support that you need to help you with these problems and details of any medication prescribed by your doctor. (Include any significant health history)

Health Issues:.....

.....

Medication

Please give details of any support needs due to Health:

.....

.....

Mental Health History

Please give details of any mental health problems you have now or have had in the past. This could include, for example, depression, anxiety, being paranoid, self-harm or suicide attempts.

Mental Health Problems:.....

.....

Medication

Are you seeing / have you seen a mental-health worker? **YES / NO** If yes who?

Which Agency or organisation? Telephone:

Address:.....

Please give details of any support needs due to Mental Ill Health:

.....

.....

Alcohol, Drugs / Substance Use History

Using Alcohol and / or drugs will not prevent you from being re-housed. Telling us about your substance use will help accommodation providers think about any risk to you or others and help them provide appropriate support. Includes for example, cannabis, alcohol, pills, glue/solvents as well as harder drugs such as heroin or crack. Also include prescribed medication if it was or is misused.

Drug / Substance Used Now Or In The Past	Length of Time Used	How Much / Often Do You Use And The Main Problems It Causes You	Support Agency Used, Name Of Worker And Telephone Number (include DIP workers)

Do You Smoke? **YES / NO** If yes, will you be able to live in a non-smoking house? **YES / NO** (Lighthouse Project)

Please give details of any support needs due to Alcohol, Drugs / Substance Use:.....

Offending / Criminal History

Please tell us about any cautions (formally at a police station) or convictions (In court) you have. You do not need to tell us about warnings given by a police officer in the street or if you were arrested but not cautioned or convicted. If you do not tell us about convictions or cautions and the accommodation provider finds out, they *may* refuse to house you or evict you if you are already housed. Previous offences will not necessarily stop you being offered accommodation.

Have you ever been convicted of any of the following? (Tell us even if the offence is 'spent') Arson **YES / NO** Violent Offences **YES / NO**
 Sexual Offences **YES / NO** Offences Against Children **YES / NO** Racially Motivated Offences **YES / NO**

Date of Caution or Conviction	Caution or conviction?	Offence and Number of Offences (E.g. Theft X2, Criminal Damage X1 etc.)	Sentence And Any Conditions	Name and contact details of Probation, YOT, DTTO, workers

Are there any outstanding offences or court cases you are on bail for or waiting to hear about? **YES / NO**

If YES Please give details / dates etc.:.....

Please give details of any support needs due to offending behaviour:.....

Employment, Education and Training

Are you currently in education, training, or employment **YES / NO**

Who is your Connexions PA? Telephone:

Connexions Centre:

If **YES** Please tick one of the following

Full-time higher education Part-time higher education Working

Full-time further education Part-time further education School

Details of course / college / school:

Have you ever had a "Statement of Special Needs"? **YES / NO**

Have you had a History of Truancy? **YES / NO**

Have you ever been suspended or excluded from school? **YES / NO**

Which School did you attend? (For Statistics only)

.....

.....

Support Needs. This page helps you to think about the support you may need in order to successfully move on to full independence, managing your own tenancy and accessing the services you want confidently. Please indicate on the scales below how much support you think you need (1 would be no support needed, 10 would be you saying you need a great deal of support or intensive support in this area). Please say briefly why you think you will need the support in the space provided. The last few issues ask about things discussed earlier.

	No Support Needed	—————▶	Loads of Support Needed	NOTES
HOUSING RELATED				
History of Homelessness	1 2 3 4 5 6 7 8 9 10		.....	.....
Finding Suitable Accommodation	1 2 3 4 5 6 7 8 9 10		.....	.....
Finding Furniture Etc.	1 2 3 4 5 6 7 8 9 10		.....	.....
Settling Into My New Home	1 2 3 4 5 6 7 8 9 10		.....	.....
FINANCES				
Budgeting / Managing Money	1 2 3 4 5 6 7 8 9 10		.....	.....
Claiming Benefits / Filling In Forms	1 2 3 4 5 6 7 8 9 10		.....	.....
Debts / Money I Owe Out	1 2 3 4 5 6 7 8 9 10		.....	.....
LIFE SKILLS				
Literacy / Numeracy	1 2 3 4 5 6 7 8 9 10		.....	.....
Physical Health And Hygiene	1 2 3 4 5 6 7 8 9 10		.....	.....

Continued On Next Page

	No Support Needed	—————▶	Loads of Support Needed	NOTES
<i>Life Skills Continued</i>				
Keeping Flat Clean and Tidy	1 2 3 4 5 6 7 8 9 10	.....	.....	.....
Cooking / Meal Planning	1 2 3 4 5 6 7 8 9 10	.....	.....	.....
Self Confidence / Assertiveness	1 2 3 4 5 6 7 8 9 10	.....	.....	.....
Time Keeping/ Time Management	1 2 3 4 5 6 7 8 9 10	.....	.....	.....
Peer Support And Befriending	1 2 3 4 5 6 7 8 9 10	.....	.....	.....
Social and Leisure Interests	1 2 3 4 5 6 7 8 9 10	.....	.....	.....
Parenting / Parental Responsibility	1 2 3 4 5 6 7 8 9 10	.....	.....	.....
<i>EMOTIONAL SUPPORT</i>				
Behavioural Needs / Issues	1 2 3 4 5 6 7 8 9 10	.....	.....	.....
Spiritual / Faith / Religious Needs	1 2 3 4 5 6 7 8 9 10	.....	.....	.....
Stress	1 2 3 4 5 6 7 8 9 10	.....	.....	.....
Emotional / Personal Well-being	1 2 3 4 5 6 7 8 9 10	.....	.....	.....
<i>OTHER SUPPORT NEEDS</i>				
.....				
.....				
.....				
<i>SUMMARY OF ISSUES DISCUSSED EARLIER –</i>				
	No Support Needed	—————▶	Loads of Support Needed	(TICK BOX)
Ethnicity/Cultural/Needs pg3	1 2 3 4 5 6 7 8 9 10			<input type="checkbox"/>
Sexuality pg3	1 2 3 4 5 6 7 8 9 10			<input type="checkbox"/>
Disability/Physical Health pg3	1 2 3 4 5 6 7 8 9 10			<input type="checkbox"/>
Mental Health pg4	1 2 3 4 5 6 7 8 9 10			<input type="checkbox"/>
Offending / Criminal History pg5	1 2 3 4 5 6 7 8 9 10			<input type="checkbox"/>
Alcohol/Drugs/Substance Use pg5	1 2 3 4 5 6 7 8 9 10			<input type="checkbox"/>
Employment/Education/Training pg6	1 2 3 4 5 6 7 8 9 10			<input type="checkbox"/>

Current Forms of Support. You could already be receiving support from many different people; these could be family and friends or it could be professional support. Please tell us about people who provide you with support.

Name: Relationship:

Telephone: Mobile: email:.....

Address:

Nature of support:

Name: Relationship:

Telephone: Mobile: email:.....

Address:

Nature of support:

Additional Information. Use the space below to provide additional information or continue earlier sections if you did not have

[Large empty box for additional information]

This referral form has been / is going to be faxed or copied and posted to the following organisations (Please tick ✓ box)

- Assisi House The Lighthouse Project Shipley supported Tenancy Scheme
- Bradford Foyer Aldo House (via BCHT only) Homekey Project (The applicant has been informed that Homekey will contact BCHT before interview. Please
- M.A.S.T.S.

I (name of applicant) confirm that the information I have given in this referral form is true and complete to the best of my knowledge. I understand that giving false or misleading information could result in eviction from accommodation that has been provided. I also give permission for the referring organisation named on page 2 and any accommodation provider this form is sent to, to store this information according to the Data Protection Act 1998 and to share relevant information with appropriate organisations and professionals as part of their information gathering and assessment / risk assessment process.

Signed: Date:

THIS PAGE TO BE COMPLETED BY REFERRING AGENCIES ONLY

Risk Assessment Matrix Accommodation Providers services aim to be accessible to all. In order to ensure the safety of service users and staff, please tick each row in the appropriate column. Please state if the Matrix was completed using information from the applicant or from your own knowledge or third party information. Thank you.

	No Problem	Past, But Significant	Present, Occasional, Minor	Present, Persistent, Minor	Present, Occasional, Serious	Present, Persistent, Serious
Aggression						
Disruptive Drinking						
Drug Taking						
Physical Illness						
Hallucinations / Delusions / Paranoia						
Self Harm						
Suicide Risk						
Relationship Problems						
Daily Living Problems						

This Matrix was completed with information from: The Applicant Our Own Knowledge of the Applicant Third Party Information

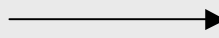
How will your involvement continue if their application is successful?

Is The Young Person in Care / Accommodation? **YES / NO**. If leaving care who is responsible for them?

What is the young persons family background?

What contact do they have with their family?

Is there anyone the applicant should **not** have contact with?

Long way from Independence  Already Independent

How far is the young person from reaching independence? 1 2 3 4 5 6 7 8 9 10

How long do you anticipate this placement will last? < 6 months 6 to 12 months > 12 months

What future plans do you have for the young person?

Are any other organisations/professionals involved not already discussed? **YES / NO** If YES please give details: -

Name of Referrer:

Signature: Date:

Information Sharing Consent Form

I (name) Date of Birth:

National Insurance Number:

Of (Address)

.....

Give permission for Agencies / Professionals such as my: -

- Connexions PA
- Doctor
- Drugs / Alcohol Worker
- Department of Work and Pensions
- Mental Health Worker
- National Probation Service
- Police
- Previous Landlords or Accommodation Providers
- Social Worker
- YOT
- Other as Appropriate

...To disclose information to the housing / accommodation provider named below when they contact you. This consent form may be a photocopy or it may be faxed to you.

I specifically authorise and request BCHT to disclose to Key House (or any other accommodation provider using BCHT housing stock), any information which they hold about me concerning the matters set out on this form.

Signed:

Name of Housing / Accommodation Provider: (To be completed by the accommodation provider)

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