## Stepping Stone Projects



## Self Referral Form

## Burnley Young Persons Accommodation Service

## &

## Lancashire Dispersed Housing

**Central Referral Team**

**Central Office**

**PO Box 153**

**Rochdale**

**OL16 1FR**

**Tel 01706 359600**

**Email:** [**CRT@stepping-stone.org.uk**](mailto:CRT@stepping-stone.org.uk)

|  |
| --- |
| If you need any advice or support to complete the form please contact us on 01706 359600 and someone will help you. |

**Section A. Applicant Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | | | |
| **Gender** | **Male** | | **Female** | |
| **Current address** |  | | | |
| **How long have you resided at this address?** | | | |  |
| **NI Number** | |  | | |
| **Date of Birth** | |  | | |
| **Telephone number** | |  | | |
| **Email address** | |  | | |
| **First Chosen language** | |  | **Interpreter required:** | |

**Section B. Housing Related Support Need**

Please consider prior to making the decision each service and its eligibility criteria.

Please now indicate which service you wish to apply for below:

|  |  |
| --- | --- |
| **Services** | **Preference (Rate- No 1, 2...etc)** |
| Burnley Accommodation Services |  |
| Lancashire Dispersed Housing - Pendle |  |
| Lancashire Dispersed Housing - Hyndburn |  |
| Lancashire Dispersed Housing - Rossendale |  |
| Lancashire Dispersed Housing - Burnley |  |

Are you currently?

|  |  |
| --- | --- |
| Council tenant □ | Living with friends /relatives □ |
| Housing assoc □ | Hostel / Supported accom. □ |
| Private rented □ | Sleeping rough □ |
| Owner Occupier □ | Foster Care / Children’s home □ |
| B&B □ | Probation / Bail hostel □ |
| Hospital □ | Residential Care home □ |
| Prison □ | Sofa Surfing □ |
| Other ... | |

What Housing Issues do you think you need support with?

|  |
| --- |
| **Current Issues / needs with your housing:**  History of housing and of specific difficulties you have encountered with your housing, including difficulties with neighbours, condition of property, and visitors to your home for example. |

**Section C. Support Needs**

|  |
| --- |
| Are you responsible for any dependent children? □Yes □No  If yes please provide details of issues regarding access to your children and any input with Social Services.  Do dependent children live with you? □Yes □No |
| Do you have a drug misuse problem or have you had one in the past? □Yes □No  If yes please provide details including current treatment and name of worker.  Does your drug misuse lead to you putting yourself or others in danger? |
| Do you have an alcohol misuse problem or have you had one in the past?  □Yes □No  If yes please provide details including current treatment and name of worker.  Does your alcohol misuse lead to you putting yourself or others in danger? |
| Do you need or do you have support around mental health? □Yes □No  If yes please provide details including any current contact with Mental Health Services.  Does your Mental Health needs change the way you would normally behave; that may cause harm to yourself or others? |
| Do you have you or have you ever had suicidal thoughts or plans and /or harmed yourself? □Yes □No  If yes please provide details. |
| Do you have any physical health problems? □Yes □No  If yes please provide details. |
| Are you currently taking any medication? □Yes □No  If yes please provide details  Do you have problems taking your medication? |
| Do you have any history of violence or aggressive behaviour? □Yes □No  If yes please provide details including dates of when behaviour occurred, who it was aimed at and what happened. |
| Please state fully any previous convictions you may have or those that are pending and include details and dates of Prison Sentences / court orders. |
| Do you require support specifically from a female or male support worker?  □Yes □No  If yes please specify |

**Section D. Date and your signature**

# Signature:

Print Name:

Date:

**Please select the best means of confirming the date, time and place of the needs and risk assessment meeting:**

* letter
* telephone
* text
* email

**STEPPING STONE PROJECT EQUAL OPPORTUNITIES MONITORING FORM**

Please could you respond to this information request positively as it will help us to ensure that our policies, procedures and practices do not inadvertently discriminate against you because of your ethnicity, disability, gender, sexual orientation, age or religion and belief.

**ETHNICITY**

How would you describe yourself?

|  |
| --- |
| Asian or Asian British   1. Bangladeshi 2. Indian 3. Pakistani 4. Any other please write here |
| Black or Black British   1. African 2. Caribbean 3. Any other, please write here |
| Chinese or other ethnic group   1. Chinese 2. Any other, please write here |
| Mixed heritage   1. White and Asian 2. White and Black African 3. White and Black Caribbean 4. Any other, please write here |
| White   1. British 2. English 3. Irish 4. Scottish 5. Welsh 6. Traveller 7. Any other, please write here |
| 1. Prefer not to say |

**DISABILITY**

|  |
| --- |
| Do you have a physical or mental impairment or long-term health condition   1. yes 2. no |
| Is this expected to last, or has it lasted, for a year or longer   1. yes 2. no |
| Does this make it difficult for you to do things that most people do on a fairly regular and frequent basis?   1. Yes 2. No |
| Do you consider yourself to have a disability or long term health condition?   1. Yes 2. no |
| What is the effect or impact of your disability or health condition?   1. Prefer not to say 2. Mobility 3. Mental health 4. Learning disability 5. Hearing impairment 6. Visual impairment 7. Progressive disability/chronic illness 8. Other, please write here |

**GENDER**

|  |
| --- |
| Would you describe yourself as:   1. Male 2. Female 3. transgender 4. Prefer not to say |
| Is this the gender identity the same as the gender you were assigned at birth   1. Yes 2. No |

**SEXUAL ORIENTATION**

|  |
| --- |
| What is your sexual orientation?   1. Bisexual 2. Gay man 3. Gay woman/Lesbian 4. Heterosexual/straight 5. Other 6. Prefer not to say |

**AGE**

|  |
| --- |
| What is your date of birth? |

**RELIGION AND BELIEF**

|  |
| --- |
| Please tick the box which best describes you:   1. Buddhist 2. Christian 3. Hindu 4. Jew 5. Muslim 6. Sikh 7. Other religion or belief (please state) 8. No religion 9. Prefer not to say |

Thank you for your time, this information will only be used to monitoring the accessibility of our services and to ensure continuous improvement.