

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 646922
Fax: 01706 719895
Email: CRT@stepping-stone.org.uk

If you need any advice or support to complete the form please contact us on 01706 646922 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 <input type="checkbox"/>	Living with friends /relatives <input type="checkbox"/>
Housing assoc <input type="checkbox"/>	Hostel / Supported accom. <input type="checkbox"/>
Private rented <input type="checkbox"/>	Sleeping rough <input type="checkbox"/>
Owner Occupier <input type="checkbox"/>	Foster Care / Children's home <input type="checkbox"/>
B&B <input type="checkbox"/>	Probation / Bail hostel <input type="checkbox"/>
Hospital <input type="checkbox"/>	Residential Care home <input type="checkbox"/>
Prison <input type="checkbox"/>	Sofa Surfing <input type="checkbox"/>
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?

<p>Asian or Asian British</p> <ol style="list-style-type: none"> 1. Bangladeshi 2. Indian 3. Pakistani 4. Any other please write here
<p>Black or Black British</p> <ol style="list-style-type: none"> 1. African 2. Caribbean 3. Any other, please write here
<p>Chinese or other ethnic group</p> <ol style="list-style-type: none"> 1. Chinese 2. Any other, please write here
<p>Mixed heritage</p> <ol style="list-style-type: none"> 1. White and Asian 2. White and Black African 3. White and Black Caribbean 4. Any other, please write here
<p>White</p> <ol style="list-style-type: none"> 1. British 2. English 3. Irish 4. Scottish 5. Welsh 6. Traveller 7. Any other, please write here
<ol style="list-style-type: none"> 8. Prefer not to say

DISABILITY

<p>Do you have a physical or mental impairment or long-term health condition</p> <ol style="list-style-type: none"> 1. yes 2. no
<p>Is this expected to last, or has it lasted, for a year or longer</p> <ol style="list-style-type: none"> 1. yes 2. no
<p>Does this make it difficult for you to do things that most people do on a fairly regular and frequent basis?</p> <ol style="list-style-type: none"> 1. Yes 2. No
<p>Do you consider yourself to have a disability or long term health condition?</p> <ol style="list-style-type: none"> 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
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Thank you for your time, this information will only be used to monitoring the accessibility of our services and to ensure continuous improvement.