**Life Skills and Tenancy Support Services Referral Form**

**To be eligible for services the client must meet the following criteria:**

* *Be 18 years of age or older*
* *Have a local connection to Rochdale which is established as follows: residence within the Borough for 6 out of the last 12 months or 3 out of the last 5 years; have immediate family members e.g. parents, siblings, adult children who have lived in the Borough for the last 5 years; have employment in the Borough.*
* *Are fleeing domestic violence and it is unsuitable for them to stay in their Local Authority area.*
* *Be at risk of losing their home or have no accommodation available to them.*
* *Need a short-term intervention of support (maximum 3 months) to enable them to manage their own accommodation and live independently after housing related support has ended or (maximum 6 months in accommodation) –* ***support does not include personal care or cleaning.***
* *Have been offered a tenancy and need help to set things up.*

This referral form must be completed by support agencies on behalf of the person being referred. In order for the referral to be accepted and assessed we require **ALL** questions to be fully completed. This is particularly important when completing the risk assessment section which **MUST** be completed by the referrer.

**If any sections of the form are incomplete the referral will NOT be processed & the form will be returned to you for completion**.

People being referred must be made aware that there is a section within this referral form where we ask for the clients’ consent. This allows the service provider to contact relevant external agencies for further information if required and pass information on to the support providers we refer into. As the referrer you are required to obtain the client’s signature in Part 5. The information provided on this application form will be treated as strictly private and confidential.

**Please Tick which type of service you think would be most suitable for this client?**

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| --- | --- | --- | --- |
| **SUPPORT SERVICE** | **SERVICE PROVIDER** | **SUPPORTED HOUSING** | **FLOATING SUPPORT** |
| Single Homeless Support Services for Women | WHAG |  | N/A |
| Single Homeless Support Services for Men | SSP |  | N/A |
| Crisis Complex Needs Support Services | SSP |  | N/A |
| Emergency and Assessment | SSP |  | N/A |
| Life Skills & Tenancy Floating Support | SSP | N/A |  |

**Part One – Core Information**

**CLIENT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | NI Number |  |
| Date of Birth |  | | Age |  |
| Gender |  | Ethnicity |  | Contact Number : |
| Current Address |  | | | |
| Email Address |  | | | |

Is it safe to contact the client at this address/telephone number? Yes ❑ No ❑

If no please give details of how we can make contact

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**Referral agency details**

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| --- | --- | --- | --- |
| Referral agency |  | Date of referral |  |
| Contact person |  | Telephone |  |
| Address of  Referrer |  | | |
| Email address of referrer : | | | |

What has led you to make this referral? Please give brief details below:

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Does the client have a local connection as detailed on the front page of this form? Yes ❑ No ❑

If yes please give details

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Is an interpreter required? Yes ❑ No ❑ If yes please state language

Does the client have any issues surrounding immigration status? Yes ❑ No ❑

Does the client have recourse to public funds? Yes ❑ No ❑

Is a signer needed? Yes ❑ No ❑

Further details for any of above

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Does the client have a disability? Yes ❑ No ❑

If yes please give details

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Is the client pregnant? Yes ❑ No ❑

If yes please give details including due date/number of weeks pregnant

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Are there any Vulnerable Adult concerns regarding the client? Yes ❑ No ❑ Not Known ❑

If yes please give details including agency involvement

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Are there any Child Protection concerns regarding the client? Yes ❑ No ❑ Not Known ❑

If yes please give details including agency involvement

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Is the client subject to Multiagency Risk Management e.g. Spotlight/MAPPA/MARAC? Yes ❑ No ❑ Not Known ❑

If yes please give details including agency involvement

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**Household Details** (only include the adults and children who will live with the client NOT those who the client might be temporarily lodging with)

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| --- | --- | --- | --- | --- |
| **Name** | **Relationship to person referred** | **Gender** | **Age & DOB** | **If pregnant, date baby due** |
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**Part two – Housing Situation -** Please give as much information as you are aware of.

What is the client’s current housing situation?

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| --- | --- | --- | --- |
| Sofa surfing – with friends or relatives |  | Rough Sleeping |  |
| Threatened with homelessness e.g. asked to leave home, notice served by landlord |  | Problems with current accommodation e.g. disrepair, rent issues |  |
| Fleeing violence/safety issues |  | Leaving hospital/residential care(detail discharge date) |  |
| Leaving prison (detail date of release) |  | Living in supported accommodation |  |
| Living in approved premises (Bail hostel) |  | Living in an emergency hostel/refuge |  |
| Temporary accommodation provided by LA |  | Local Authority tenant |  |
| Housing Association tenant |  | Owner occupier |  |
| Private rented tenant |  | Other |  |

**Brief details of situation**

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**Previous Accommodation History**

Please give details of accommodation for last five years (include current address first)

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| --- | --- | --- | --- | --- | --- |
| **Address** | **Date Moved In** | **Date Moved Out** | **LANDLORD** | **Reason for Moving** | **RENT ARREARS**  (If Known) |
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Please give details of any exclusion from the Housing Register or Supported Housing in the Borough

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**Overview of current/previous support**

Briefly describe the work your agency is undertaking with the client/family and confirm if this will continue

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Is the client in contact with any other agencies? Yes ❑ No ❑

If yes please give details below

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| **AGENCY** | **CONTACT PERSON** | **CONTACT NUMBER** |
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To your knowledge has the client ever engaged with a support agency in the past? Yes ❑ No ❑

If yes please give details and dates

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**Part 3 – Support Needs**

What kind of support does the client need?

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| **Support required** | **LOW** | **MEDIUM** | **HIGH** |
| Support to maintain own accommodation |  |  |  |
| Setting up utilities |  |  |  |
| Accessing grants for furniture/white goods |  |  |  |
| Developing budgeting skills |  |  |  |
| Managing debt |  |  |  |
| Support to access/claim welfare benefits |  |  |  |
| Developing skills to complete forms |  |  |  |
| Basic skills (numeracy/literacy) |  |  |  |
| Accessing further education |  |  |  |
| Opportunities for volunteering |  |  |  |
| Opportunities for paid employment |  |  |  |
| Accessing community, social, leisure activities |  |  |  |
| Accessing faith and cultural networks |  |  |  |

Does the client have any physical health issues? Yes ❑ No ❑

If yes please give details

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Does the client have any mental health issues? Yes ❑ No ❑

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If yes please give details.

Does the client have any substance misuse and/or alcohol issues? Yes ❑ No ❑

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If yes please give details including substance/s used

Is the client currently engaged with treatment services? Yes ❑ No ❑

Please give details including length of engagement

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Does the client need support to manage domestic violence issues? Yes ❑ No ❑

If yes please give details

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Does the client have a history of offending? Yes ❑ No ❑

Please give brief details here

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If yes does the client have any convictions for the following?

Sexual Offences Yes ❑ No ❑

Violence Yes ❑ No ❑

Arson Yes ❑ No ❑

If yes to any of the above please give details

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Is the client currently subject to Probation supervision or any licence conditions? Yes ❑ No ❑

If yes please give details

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If the client is currently subject to Probation supervision are they subject to an RMX? Yes ❑ No ❑

If yes and supported accommodation is required please attach the RMX to this referral

**Part 4 – Risk Assessment**

**When completing this please consider whether any of the risks apply to the client, to others and from others. Supported accommodation providers may need to enquire further about risk factors.**

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| --- | --- | --- | --- | --- |
| **RISK** | **TO SELF** | **TO OTHERS** | **FROM OTHERS** | **LEVEL OF RISK**  **Low Medium or High** |
| Verbal aggression |  |  |  |  |
| Physical violence |  |  |  |  |
| Domestic violence |  |  |  |  |
| Self harm |  |  |  |  |
| Self neglect |  |  |  |  |
| Suicidal thoughts |  |  |  |  |
| Substance misuse |  |  |  |  |
| Managing medication |  |  |  |  |
| Vulnerability |  |  |  |  |
| Arson |  |  |  |  |
| Damage to property |  |  |  |  |
| Neighbour nuisance/disputes |  |  |  |  |
| Anti social behaviour |  |  |  |  |
| Family relationships |  |  |  |  |
| False allegations/complaints |  |  |  |  |
| Household members and visitors |  |  |  |  |

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If any of the risks above are deemed as high or medium please give further details on each point here

If the client has their own accommodation and floating support would be appropriate the support service will be visiting at home and this is likely to be by a lone worker. With that in mind are there any specific risks at the current property and/or surrounding area you can identify that the support service would need to be aware of?

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Yes ❑ No ❑ If yes please give details here

If the client requires supported accommodation are you aware of any specific risks from or to the client in terms of sharing accommodation with others? Yes ❑ No ❑

If yes please provide details here

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Signature of referrer

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DATE

**Part 5 – Consent**

# **Form of Authority / Confidentiality**

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| --- | --- |
| NAME |  |
| ADDRESS |  |

I/we agree to the Service seeking information from and talking with other agencies about me or my family if this will help in providing appropriate support and assessing my application.

In doing so I/we agree to the Service holding on file details of my/our circumstances and other personal details, where provided by myself/ourselves or others, for the purpose of assisting with my/our situation, assessing my needs and providing support.

I understand that if the Service thinks there is a risk of harm to me, my children, or to someone else, the Service would usually try to talk with me about how to manage that risk safely. If the risk of harm is significant, the Service may have to talk to someone else without speaking to me first. If you want more information on how the Service does this, you can see the full Confidentiality and Safeguarding policies.

***I/we also agree* to the Service seeking information and copies of relevant documents, and give permission for other parties who hold this information to provide it to the Service. This may include, but is not limited to, the following:**

The agency making the referral

Any previous support providers

Any other agencies working with the individual/family

**I/We agree for the Service to share information gathered during referral and assessment with relevant Adult Care housing support providers when support is being offered. (Stepping Stone Projects and WHAG)**

For the purposes of the Data Protection Act 1998, the data controller is the Service

I/we have read and understood the information above, and agree to the Service acting on my/our behalf.

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SIGNED

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DATE