

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?

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

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:

Does the client have a local connection as detailed on the front page of this form? Yes No
If yes please give details

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

Does the client have a disability? Yes No

If yes please give details

Is the client pregnant? Yes No

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

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

If yes please give details including agency involvement

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

If yes please give details including agency involvement

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

HOUSEHOLD DETAILS (only include the adults and children who will live with the client NOT those who the client might be temporarily lodging with)

NAME	RELATIONSHIP TO PERSON REFERRED	GENDER	AGE & DOB	IF PREGNANT, DATE BABY DUE

PART TWO – HOUSING SITUATION - Please give as much information as you are aware of.

What is the client's current housing situation?

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

PREVIOUS ACCOMMODATION HISTORY

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

ADDRESS	DATE MOVED IN	DATE MOVED OUT	LANDLORD	REASON FOR MOVING	RENT ARREARS (IF KNOWN)

Please give details of any exclusion from the Housing Register or Supported Housing in the Borough

OVERVIEW OF CURRENT/PREVIOUS SUPPORT

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

Is the client in contact with any other agencies?

Yes No

If yes please give details below

AGENCY	CONTACT PERSON	CONTACT NUMBER

To your knowledge has the client ever engaged with a support agency in the past?

Yes No

If yes please give details and dates

PART 3 – SUPPORT NEEDS

What kind of support does the client need?

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

Does the client have any mental health issues? Yes No

If yes please give details.

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

No

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

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

If yes please give details

Does the client have a history of offending? Yes No

Please give brief details here

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

Is the client currently subject to Probation supervision or any licence conditions?

Yes

No

If yes please give details

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.

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				

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?

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

SIGNATURE OF REFERRER

DATE

PART 5 – CONSENT

Form of Authority / Confidentiality

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.

SIGNED

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DATE

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