**Durham County Council Children and Young People’s Services**

**Supported Lodgings Service**

# YOUNG PERSONS DETAILS

|  |  |
| --- | --- |
| Name |  |
| PID number |  |
| Current address |  |
| Type of accommodation (living with family, foster care, residential etc.) |  |
| DOB |  |
| Age |  |
| Ethnicity |  |
| Religion (Practising/ Non practising) |  |
| Does the young person have a disability?(Please highlight, if yes please give details including what support will be required and how this will impact on placement) | Yes/ No |
| School Leaver(Please highlight) | Yes/No |
| Gender |  |
| Status (Please highlight) | CINLooked after (S20)Looked after (S31)Under 18 Care LeaverOver 18 Care Leaver |
| YPS Social Worker/ YPA (If not from YPS please give details of when case is due to transfer)  |  |

**ABOUT THE YOUNG PERSON/ REFERAL**

|  |  |
| --- | --- |
| What is the reason for the referral to supported lodgings?  |  |
| Please give a very brief history of the young person’s involvement with services |  |
| Is the young person currently claiming benefits? (please highlight, if yes please provide details of which benefits and how much is received)  | Yes/No  |
| Does the young person smoke?(if yes please give details)  | Yes/No |
| Are there any known issues with drugs and alcohol? (if yes please give details) | Yes/No |
| Do they have any mental health issues? (if yes please give details) | Yes/No |
| Have they been evicted from accommodation previously? (if yes please give details) | Yes/No |
| Is there any offending behaviour? (if yes please give details) | Yes/No |
| Do they have any medical conditions? (if yes please give details) | Yes/No |
| Do they take any medication? If so are they able to manage this themselves? (if yes please give details) | Yes/No |
| Do they have any allergies? (if yes please give details) | Yes/No |
| Is the young person known to be pregnant?(if yes please give details of when the baby is due and the support is in place) | Yes/No/N/A |
| Are there any dietary requirements? (if yes please give details)What are their food likes/dislikes?  | Yes/No |
| Do they have any pets? | Yes/No |
| Is the young person in education/ employment or training? (Please highlight, if yes provide details including hours and location of work/study) | Yes/No |
| Which professionals are currently involved? (please list names and roles) |  |

**MATCHING INFORMATION**

|  |  |
| --- | --- |
| What is the young person’s temperament/ personality?  |  |
| Has supported lodgings been discussed with the young person?  |  |
| What are the young people’s views/ expectations of supported lodgings? |  |
| Does the young person have any hobbies/ interests? |  |
| Does the young person respond best to a particular type of person/ approach?  |  |
| What is the ideal geographical location? (Consider young people’s wishes, education/work, family contact. friendship groups)Are there any areas that are inappropriate?  |  |
| What is the young person’s current ability in regards to independence Skills (e.g. can they cook, manage their own money, use public transport etc.) |  |
| When is the placement required? |  |
| How long is the placement needed for? |  |
| Any other relevant info? |  |

Name of worker completing referral …………………………… Date……………

**Please pass referral (and up to date risk assessment) to project coordinator**

**Jane Bateson** **jane.bateson@durham.gov.uk**