**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) | CIN  Looked after (S20)  Looked after (S31)  Under 18 Care Leaver  Over 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**](mailto:jane.bateson@durham.gov.uk)