# One Support

# Referral Form

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| **Name of Service** |  | | |
| **Date of Referral** |  | **Date Received** |  |

**Please refer to service Eligibility criteria before completing this form.**

**Please ensure you complete all sections and provide all the necessary information. This will avoid any delay in our dealing with the referral.**

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| **Applicants Details** | | | | | | |
| **Applicant’s Name** | | |  | | | |
| Telephone Numbers | | |  | | | |
| Current Address | | |  | | | |
| Post Code | | |  | | | |
| Gender |  | | | Ethnic Origin | |  |
| Date of Birth |  | | | NI Number | |  |
| Applicant’s First Language? | | | | | English | |
| If not English, is help needed? Yes  No | | | | | Yes  No | |
| Does the Applicant have a disability? | | | | | Yes  No | |
| If yes, please specify  any adaptations/assistance required? | | | | |  | |
| Next of Kin | |  | | | | |
| Address | |  | | | | |
| Telephone Number | |  | | | | |
| Relationship | |  | | | | |

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| **Economic Status** | |
| Does the Applicant have recourse to public funds? | Yes  No |
| Which best describes the Applicant ? | |
| Full time work (24 or more per week)  Part Time Work  Government Training / Work programme  Job Seeker  Retired  Not seeking work  Full Time Student  Child Under 16  Unable to Work – Sickness / Disability  Other Adult | |
| Is the Applicant in receipt of? | |
| Job Seekers Allowance  Income Support  Employment and Support Allowance  Retirement Pension  Disability Living Allowance  Tax Credits  Individual Budget  Other Benefits | |
| **Client Group** | |
| Primary Secondary  (one only) (one only)  Older people with support needs  Older people with dementia/ mental health problems  Frail elderly  Mental health problems  Learning disabilities  Physical or sensory disability  Single homeless with support  Alcohol misuse problems  Drug misuse problems  Offenders / people at risk of offending  Mentally disordered offenders  Young people at risk  Young people leaving care  At risk from domestic violence  People with HIV/ AIDS  Homeless families with support needs  Refugees  Teenage parents  Rough sleepers  Gypsies and travellers with support needs  Generic or complex  Children and Families | |

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| **Background history / current need** |
| Please state why the applicant is being referred to the service, how they will benefit from the support available, and how long you think support is required? |
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| **referral agency details** | | | | |
| Agency |  | | | |
| Address |  | | | |
| Postcode |  | | | |
| Telephone |  | Fax Number | |  |
| Email |  | | | |
| Staff Name |  | Role | |  |
| How long have you known the applicant? | | | 2 weeks | |
| Please describe the service you provide to the applicant and whether this will continue if the applicant is accepted for this service | | | | |
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| **CURRENT HOUSING** | | | |
| Please tick the box which best describes the applicants current housing situation | | | |
| Local authority tenant (general needs)  Prison  HA tenant (general needs)  Approved probation hostel  Private rented  Children’s home/foster care  Tied home or rented with job  Bed and breakfast  Owner occupier  Shortlife housing  Supported housing  Living with family  Direct access hostel  Staying with friends  Sheltered housing  Any other temp accom.  Residential care home  Rough sleeping  Hospital  Other (please specify) | | | |
| Does the Applicant currently hold a tenancy or licence? | | | Yes  No |
| Name and Address of Landlord | |  | |
| Does the Applicant have to leave their current accommodation? | | | Yes  No |
| If Yes, please explain when and why they have to leave |  | | |

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| **OTHER AGENCIES INVOLVED IN THE APPLICANTS SUPPORT** | | | |
| Does the applicant have contact with other agencies e.g. Social Services, Probation Service, Mental Health Services, Drug Services, Drop In Centres? Please give full details | | | |
| Name, address and phone number | | | What support is provided and how often does the applicant have contact? |
| **1** |  | |  |
| **2** |  | |  |
| **3** |  | |  |
| **4** |  | |  |
| Is the applicant | | | |
| subject to the Mental Health CPA? Yes  No  subject to a Drug Interventions Programme? Yes  No | | | |
| *If yes, please give details* | |  | |
| subject of an Anti Social Behaviour Order? Yes  No | | | |
| If yes, please give details | |  | |
| an Ex-Offender or currently on Probation? Yes  No | | | |
| If yes, please give details | |  | |
| subject to MAPPA/ MARAC? Yes  No | | | |
| If yes, please give details | |  | |
| Statutorily Homeless? Yes  No | | | |
| If yes, please give details (borough, date etc) | |  | |

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| **ADDITIONAL INFORMATION** |
| **Please refer to the Eligibility Criteria for the service as applications will not be processed without the required documentation. Please confirm which of the following additional information has been provided with the referral form** |
| Risk Assessment  Discharge summary  Reports/Review meeting minutes  Care Programme Approach Minutes  Leaving Care Pathways Plan  Other (detail) Care Act Assessment |

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| **DECLARATION OF APPLICANT** | |
| I confirm that the information I have provided is correct  Signed: | Name:  Date: |
| **DECLARATION OF referral agency** | |
| I confirm that the information I have provided is correct  Signed: | Name:  Date: |

**Please Note**

There are two additional forms that you may need to complete as part of the referral process;

1. **Accommodation Referral Checklist** – This is a checklist to use with applicants who are being referred to accommodation services. It provides details of the things we will need to check to confirm their eligibility for housing and housing-related benefits. By checking these things are in place you will greatly assist us in speeding up the referral. You only need to fill this in if you are applying to one of our accommodation services.
2. **Equal Opportunities Monitoring Form** – This enables us to better monitor the effectiveness of our referral procedures.

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| **Return Address** - Please return this completed form to |
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