#  One Support

# Referral Form

|  |  |
| --- | --- |
| **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.**

|  |
| --- |
| **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 |       |

|  |
| --- |
| **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 |

|  |
| --- |
| **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? |
|  |

|  |
| --- |
| **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 |
|  |

|  |
| --- |
| **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 |       |

|  |
| --- |
| **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) |       |

|  |
| --- |
| **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 |

|  |
| --- |
| **DECLARATION OF APPLICANT** |
| I confirm that the information I have provided is correctSigned:  | Name: Date:  |
| **DECLARATION OF referral agency** |
| I confirm that the information I have provided is correctSigned:  | 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.

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