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| --- | --- |
| **Referring Agency name** |  |
| **Agency Address** |  |
| **Person completing** |  |
| **Position** |  |
| **Email Address** |  |
| **Phone number** |  |
| **Date of referral** |  |
| **Date of Placement required** |  |
| **Lead Professional details** |  |

**Applicant details** Has the Applicant given permission for referral? Y N

|  |  |
| --- | --- |
| Full name |  |
| Known by any other names? |  |
| Gender |  | DOB |  |
| Current Address |  |
| Mobile number |  |
| Email address |  |
| Next of Kin details |  |
| Nationality |  | First language |  |
| Interpreter required? |  | Religion |  |
| Identified disabilities |  |
| Current income/claimable benefits |  |
| If UASC what funding has been approved? |  |
| What identification can the Applicant Provide? |  |
| Reason for Move |  |
| Will you be engaging with the Applicant during placement with Secured Foundation? |  |
| Does Applicant require support. If yes – explain further |  |
| Is the Applicant currently involved with any other agencies? Please explain |  |

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| **How much support does the applicant require (please tick the appropriate box):** |
| **Physical Health** | High support ☐ | Medium support ☐ | Low support ☐ | No support ☐ |
| **Mental Health** | High support ☐ | Medium support ☐ | Low support ☐ | No support ☐ |
| **Drugs use** | High support ☐ | Medium support ☐ | Low support ☐ | No support ☐ |
| **Alcohol use** | High support ☐ | Medium support ☐ | Low support ☐ | No support ☐ |
| **Learning Disability** | High support ☐ | Medium support ☐ | Low support ☐ | No support ☐ |
| **Ex-Offender/Risk of Offending** | High support ☐ | Medium support ☐  | Low support ☐ | No support ☐ |
| **Motivation/ Taking Responsibility** | High support ☐ Medium support ☐ Low support ☐ No support ☐ |
| **Self-Care/Living Skills** | High support ☐ Medium support ☐ Low support ☐ No support ☐ |
| **Managing Money/Personal Admin** | High support ☐ Medium support ☐ Low support ☐ No support ☐ |
| **Social Networks/Relationships** | High support ☐ Medium support ☐ Low support ☐ No support ☐ |
| **Maintaining Accommodation** | High support ☐ Medium support ☐ Low support ☐ No support ☐ |
| **Other, please explain** |   |

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| Has the applicant lived in supported accommodation before? |  |
| Has the Applicant ever been evicted from a property? |  |
| Does the Applicant have a history of damaging property? |  |
| Does the Applicant have a history of threatening or intimidating behaviours towards professionals? If yes please explain further |  |
| Does the Applicant have a history of threatening or intimidating behaviours towards other service users? If yes please explain further |  |
| Does the applicant have any criminal convictions or cautions (spent and pending) Please give information  |  |
| Does the Applicant have problems with Substance Misuse? IF so have they been referred to relevant agencies? |  |
| Has the applicant got any previous debt that impacts ongoing placements? If so Please give details |  |
| Have there been any previous safeguarding concerns reported either as perpetrator or victim? Ie Domestic violence, Financial abuse, physical abuse, cuckooing, slavery etc.  |  |
| Do you feel this person has any limits as to who they are housed with? |  |

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| Does the Applicant have any diagnosed Mental Illness? |  |
| Does the Applicant have any diagnosed Physical disabilities? |  |
| Does the Applicant have any known triggers? Please give details  |  |
| Is the Applicant currently taking any medication? Please give thorough details |  |
| Has the Applicant ever engaged in Self harm or suicidal tendencies? Is this a current concern?  |  |
| Does the Applicant have a CPN or Mental Health Worker? |  |
| **Please supply full details of placement history –****Include details of any placement breakdowns, ie was the YP evicted, please provide details.** |  |
| **Please use this box to provide extra detail which couldn’t be put elsewhere, or which is necessary to the application. For example:*** **Elaborate on current living situation**
* **Add more context to support needs identified above**
* **Add more context to any information identified in the Risk Assessment section**
* **Any further information you feel may support the application**
 |  |

**Data Protection**

We gather information to identify if our services meet your needs; prove what we do and who we support. Some of this information may be sensitive but will be stored securely on our computer system and treated as confidential.

I understand this statement and consent to it; I also confirm that the information provided in this referral form is true, accurate and can be used as part of the Supported Housing Fellowships assessment process.

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| Signed (Service User):  | Date:  |

**OR**

As the referrer I confirm that the above statement has been read to the Service User and they have consented to it. Or I have the Service Users consent to provide you with information and for you to use it as detailed above.

|  |  |
| --- | --- |
| Signed (Referrer):  | Date:  |

**Once completed, please email through to** nsmith@securedfoundation.co.uk **and we will get back to you as soon as possible.**