

South Ribble Supported Accommodation Referral Form

To be able to assess your referral you need to complete this application form in as much detail as possible so that we can assess whether we can offer appropriate support to meet your specific needs.

Please complete this form with any organisation or person currently helping you.
Where you currently do not have this, please complete the form yourself.

Support Service Requirements

| | | | | | | | | |
|---|------|--|-------|--|--------------|--|----------------|--|
| Name of service applied to : | Bay6 | | SLEAP | | Haddon Lodge | | Belgrave Court | |
| Date of Application: | | | | | | | | |
| Do you require any assistance with communication? E.g. Large Print, an interpreter, information in another language etc | | | | | | | | |
| If Yes please specify: | | | | | | | | |

Applicant Personal Details

| | | | |
|---|--|--------|--|
| Name | | | |
| Are you known by any other name: | | | |
| Where do you live now: | | | |
| c/o Address, if different: | | | |
| Telephone: | | Gender | |
| Date of Birth: | | Age | |
| National Insurance No: | | | |
| GP Name and Address: | | | |
| Details of: School/College/Employer: | | | |
| Details of: | | | |

| | |
|---|--------------------|
| Income/Benefits/Wage: | |
| Have you been in the care of or involved with Social Services? Please give details of Social Worker | |
| Has a CAF been completed? If so when | |
| Are you involved with YOT or probation? Give details of why and name of worker: | |
| Why are you homeless? Can you return to the family home, if not why? | |
| Has mediation been offered to you? | |
| Please provide details of any family members or other current support services (i.e. professionals, YPS worker) who support you/yourself so that we can ask for a reference: | |
| Name: | Relationship: |
| Telephone: | Fax/Email: |
| Address: | Nature of Support: |
| Name: | Relationship: |

| | |
|---|---|
| Telephone: | Fax/Email: |
| Address: | Nature of Support: |
| Tenure of property (at which the applicant is currently living): | |
| <input type="checkbox"/> Local authority general needs tenancy | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Housing association general needs tenancy | <input type="checkbox"/> Approved probation hostel |
| <input type="checkbox"/> Private sector tenancy | <input type="checkbox"/> Children's home/foster care |
| <input type="checkbox"/> Tied housing or rented with job | <input type="checkbox"/> Bed and breakfast |
| <input type="checkbox"/> Owner occupied (private) | <input type="checkbox"/> Short life housing |
| <input type="checkbox"/> Owner occupation (low cost home ownership) | <input type="checkbox"/> Living with family |
| <input type="checkbox"/> Supported housing | <input type="checkbox"/> Living with friends |
| <input type="checkbox"/> Direct access hostel | <input type="checkbox"/> Mobile home/caravan |
| <input type="checkbox"/> Women's refuge | <input type="checkbox"/> Any other temp accommodation |
| <input type="checkbox"/> Foyer | <input type="checkbox"/> Home Office Asylum support |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Rough Sleeper |
| <input type="checkbox"/> Residential care home | <input type="checkbox"/> Other Please state: |

| | |
|---|--|
| Do you have any rent arrears? If so how much? If so do you have a payment plan set up | |
| Have you lived in supported accommodation or temporary accommodation before? If yes please give details | |
| Does your current accommodation meet your housing needs? If No please give details of why not: | |
| Do you have any debt? If so how much and who do you owe it to? | |

| If you have lived at your current address less than 3 years please provide details of your housing history: | | | |
|--|-----------------|---|--------------------|
| Address | Dates From / To | Name and Address of Landlord or Parents | Reason for Leaving |
| | | | |
| | | | |

| | | | |
|--|--|--|--|
| | | | |
| | | | |

Support Needs

Please tick boxes below for the areas you may need help with:

| Support Category | Please tick |
|--|-------------|
| Achieve Economic Wellbeing | |
| 1. Money Management – support with benefits, debt, budgeting etc | |
| 2. Employment – accessing employment? | |
| Enjoy and Achieve | |
| 3. Training/Education – getting help to access these? | |
| 4. Communication Issues – is information needed in alternative formats? Large print, another language etc | |
| 5. Cultural/Faith/Diversity Issues | |
| 6. Social/ Leisure/Relationships – access to social activities? Support to improve relationships with family, neighbours? | |
| 7. Daily Living Skills – support with cooking, washing/ironing? Dealing with home repairs? | |
| 8. Parent and Child Responsibilities | |
| Be Healthy | |
| 9. Health – accessing doctors, support with health problems? | |
| 10. Mental Health – accessing treatment? Managing mental health? | |
| 11. Alcohol and Substance Misuse | |
| 12. Learning Difficulties Issues | |
| 13. Mobility – support with restricted mobility? | |
| Stay Safe | |
| 14. Housing – Help with setting up a home? | |
| 15. Offending Behaviour/ASB Issues | |
| 16. Domestic Abuse | |
| 17. Being Heard – building confidence, involvement with groups in which you voice your opinion – residents groups. | |
| Other Issues | |
| 18. Independent Travel – support to use public transport? | |
| 19. Other – specify details below. | |

Please provide further details of your support needs as ticked in Categories 1 – 19.

Key Statement from Referring Agency

Please note we will be asking for a reference from other agencies / professionals involved with the young person.

Please use this space to add any information that you believe to be relevant to the young person's application for supported housing.

Please do not leave this space blank.

| | | | |
|----------------|--|---------------|--|
| | | | |
| Referrer Name: | | Job Position: | |
| Signature: | | Date: | |
| Organisation | | | |

Risk Assessment

To help this process, your referring agency is required to complete the matrix below to indicate any known risks associated with this application. Please give details in boxes:

| | No Problem | Past Issue | Current Issue |
|---------------------------|------------|------------|---------------|
| Violence & Aggression | | | |
| Finance / Gambling / Debt | | | |

| | | | |
|---|--|--|--|
| Self Harm / Injurious behaviour | | | |
| Self neglect / lack of personal care | | | |
| Alcohol abuse | | | |
| Drug Misuse | | | |
| Sexual assault | | | |
| Arson | | | |
| Theft | | | |
| Damage to property | | | |
| Anti Social behaviour | | | |
| Mental Health | | | |

Other Information

| | |
|---|--|
| Have you ever been Diagnosed with autism / Aspergers /ADHD? Have you support with this? | |
| Do you have any legal issues pending? If so Give details | |
| Do you have a criminal record? If | |

| | |
|--|--|
| so please give details? | |
| Do you have any further health needs? If so give details | |
| Do you have any allergies? If so give details | |
| Do you have any Special Requirements e.g. Cultural Diversity | |

I confirm that the information given on this form is, to the best of my knowledge, true and accurate.

| | |
|---|--|
| Name: | |
| Job Position: | |
| Contact Telephone Number: | |
| Organisation | |
| How long have you known the applicant and in what capacity: | |

Young Persons Declaration

I give my permission to obtain and share further information from relevant agencies which may include, for example, social services, previous landlords, police, probation, benefits agencies, housing benefit, for the duration of my receipt of the service. This will include a police check being undertaken by the Supported Housing Providers. I understand that this may mean the divulging of information covered by the DATA protection act 1998 and I consent to the divulging of this information. I confirm that the information provided is, to the best of my knowledge, true and accurate.

| | |
|-----------------------------|--|
| Applicant Name: | |
| Applicant Signature: | |
| Date: | |

Equality and Diversity Monitoring

How would you describe your Ethnic origin?

This question is to help us make sure that the service we provide does not discriminate.

| | | |
|--|----------------------------------|--|
| | Asian/Asian British: Bangladeshi | |
|--|----------------------------------|--|

| | | | |
|--------------------------------|--|--------------------------------|--|
| White: British | | | |
| White: Irish | | Asian/Asian British: Other | |
| White: Other | | Black/Black British: Caribbean | |
| Mixed: White & Black Caribbean | | Black/Black British: African | |
| Mixed: White & Black African | | Black/Black British: Other | |
| Mixed: White & Asian | | Chinese/ Chinese | |
| Mixed: Other | | Chinese/Other | |
| Asian/Asian British: Indian | | Other ethnic origin | |
| Asian/Asian British: Pakistani | | Did not wish to disclose | |

How would you define your religion? (Please choose one - optional)

| | | | |
|---|--|-------------------------|--|
| None | | Muslim | |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | | Sikh | |
| Buddhist | | Any other religion | |
| Hindu | | Not known | |
| Jewish | | Do not wish to disclose | |

Please indicate your nationality (country of citizenship)? Please tick one box only:

| | | | |
|--|--|--|--|
| 1. UK national resident in UK | | 2. UK national returning from residence overseas | |
| 3. Czech Republic | | 4. Estonia | |
| 5. Hungary | | 6. Latvia | |
| 7. Lithuania | | 8. Poland | |
| 9. Slovakia | | 10. Slovenia | |
| 11. Other European Economic Area (EEA)*country | | 12. Any other country | |
| 13. Do not wish to disclose | | | |

Are you Disabled?

Yes ☐ No ☐

Are you?

Heterosexual ☐ Gay/Lesbian ☐ Do not wish to disclose ☐