Support for All/Key Project Referral Form

# Referral Guidelines

1. **Please ensure that the referral form is completed with all necessary information needed. If a section is ticked or marked yes - all information must be provided. If the referral isn’t up to an acceptable standard it will not be accepted.**
2. For The Key Project – The applicant must have an offending/substance misuse background and have a local connection to Middlesbrough. (Private rented properties)
3. For Support for All – The applicant must have a local connection to Middlesbrough and require support to maintain accommodation to prevent homelessness, or require support to move within the Social Housing area.
4. For referrals to be considered the applicant must: Live in Middlesbrough for the last 6 out of 12 months, require housing support, be 18 or over and be willing to engage in support. If the client lives out of the area a referral will only be considered if restrictions are in place, or a client is fleeing domestic violence/abuse.
5. We must have a way of contacting the applicant, so we do require an address or contact number.

**Which humankind service does the applicant require:  Support for All**

**The Key Project**

# Referrer Information (If self-referral leave blank)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referrer Name: | |  | Contact Number: |  |
| Agency: | |  | Address: |  |
| Email: |  | |  |  |

# Applicant Details

|  |  |
| --- | --- |
| Applicant Name: |  |
| Address: |  |
| Post Code: | Length of time at current address: |
| Contact Number: |  |
| Applicants DOB: |  |

# Housing History – (5 year housing history – THIS MUST BE COMPLETED)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Address** | **Start/End Dates** | **Landlords Details** | **Reason for Leaving** | **Were they the tenant?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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# Agency Involvement (Please provide contact details/agency name)

Please provide the name and contact details of any professionals currently working with applicant (e.g. social worker, probation officer, substance misuse worker, CPN/mental health worker.

|  |  |  |
| --- | --- | --- |
| **Organisation** | **Name** | **Contact Number** |
|  |  |  |
|  |  |  |
|  |  |  |

# Income Details

**Is the applicant in receipt of benefits?** Yes  No

If Yes – please provide details of benefits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Homeless/Finding suitable accommodation

**What type of accommodation does the applicant currently have**? Please select and add information.

|  |  |  |
| --- | --- | --- |
| **Private Rented** | **Social Housing** | **Supported Accommodation** |
| **Temporary Housing** | **Street Homeless – All homeless applicants must have presented at Homeless Team with Thirteen** | **Other** |
| **Please provide details if known:** | | |

**Does the applicant have to leave their current accommodation?** Please select and add information.

|  |  |  |
| --- | --- | --- |
| **No** | **Landlord seeking possession** | **Eviction serviced by the court** |
| **Fleeing domestic abuse/harassment** | **Asked to leave by friend/family member** | **Exploitation** |
| **Other – Please provide details** |
| **Details:** | | |

**Is the applicant maintaining their current tenancy?** Please select and add information.

|  |  |  |
| --- | --- | --- |
| **Yes** | **Rent/Mortgage arrears** | **Damage or neglect to the property** |
| **Repairs need completing** | **Debts** | **Anti-social behaviour** |
| **Other – Please provide details** |
| **Details:** | | |

**Does the current accommodation meet the applicant’s needs?** Please select and add information.

|  |  |  |
| --- | --- | --- |
| **Yes** | **Too big** | **Poor utility supply (Gas, Elec, water)** |
| **Environmental factors (damp, mould, infestation)** | **Ground floor required (due to health/disability needs)** | **Other** |
| **Details:** | | |

**If Social Housing is required, has a COMPASS application been completed?  Yes  No**

**If Yes – Please provide band/reference number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If No – Please state reason**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# ADDITIONAL INFORMATION / REASON SUPPORT IS REQUIRED

**(PLEASE ENSURE THIS SECTION IS COMPLETED – THIS SECTION MUST BE COMPLTED FOR THE REFERRAL TO BE ACCEPTED, IF NOT THE REFERRAL FORM WILL BE RETURNED FOR FURTHER INFORMATION)**

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# Disabilities/Aids & Adaptations/Health

**Does the applicant have any disabilities?  Yes  No**

**If Yes – Please provide details**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is the applicant pregnant?  Yes  No**

**If Yes – Please provide details (Due date – any other info)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the applicant already have Children?**   **Yes  No**

**If Yes – Please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the applicant have any health conditions?**  **Yes  No**

**If Yes – Please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Anti-social/Offending behavior

**Does the applicant have any Criminal convictions/Anti-Social Behavior Orders/Injunctions (ASBO/ASBI)/Acceptable Behavior Contract (ABC) or any other court orders?**

**Yes  No**

**If Yes - details must be provided:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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**Has the applicant ever been in prison?  Yes  No**

**If Yes – Please provide details/release date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Has the applicant ever been subject to MAPPA or MARAC?  Yes  No**

**If Yes – Please provide details:**

**If you are unsure it is the referrer’s responsibility to check this with agencies (e.g. Probation) before a referral is completed.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Substance Misuse Issues

**Does the applicant have any past/current substance misuse issues?  Yes  No**

**If Yes – Please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**If yes above – Is the applicant engaging with an alcohol/drugs support provider or in treatment?**

**Yes  No**

**If Yes - Please provide Details**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Military Connection

Does the applicant have any military connection i.e. served or family member served in the Armed forces?

**Yes  No**

**If Yes - Please provide Details**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Risk Assessment

**Please mark past or present with an “X” and provide details in the details section.**

**If not applicable please comment “N/A”**

**RISKS TO SELF**

|  |  |  |  |
| --- | --- | --- | --- |
| **AREA OF RISK** | **PAST** | **PRESENT** | **DETAILS:** |
| Suicide |  |  |  |
| Self-Harm |  |  |  |
| Self-Neglect |  |  |  |
| Substance Misuse Drugs/Alcohol |  |  |  |
| Post-Traumatic Stress Disorder |  |  |  |
| Physical Health / wellbeing |  |  |  |
| Mental Health |  |  |  |

**RISKS TO OTHERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **AREA OF RISK** | **PAST** | **PRESENT** | **DETAILS:** |
| Violence and Aggression |  |  |  |
| Sexual |  |  |  |
| Psychological |  |  |  |
| Physical |  |  |  |
| Financial |  |  |  |
| Discrimination |  |  |  |
| Damage to Property |  |  |  |
| Carrier of Blood Borne Viruses |  |  |  |

**RISK FROM OTHERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **AREA OF RISK** | **PAST** | **PRESENT** | **DETAILS:** |
| Violence and Aggression |  |  |  |
| Domestic Violence |  |  |  |
| Sexual |  |  |  |
| Psychological |  |  |  |
| Physical |  |  |  |
| Financial |  |  |  |
| Discrimination |  |  |  |
| Damage to Property |  |  |  |
| Neglect |  |  |  |

**Is it safe to visit the applicant at home, or lone work with the applicant?**  **Yes  No**

**If No – Please provide information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please state which worker the applicant would be most comfortable with:**

**Male  Female  Either**

# Authorization/Consent

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm that the information contained in this document is true and includes all relevant information required to correctly assess this referral. | | | |
| Signed: *(Applicant)* |  | Date: |  |
| Signed: *(Referral Agency)* |  | Date: |  |
| If obtaining a signature was not possible, tick to confirm you have the Applicant’s verbal authorization: | | | |
| **SECTION 8: Consent** | | | |
| *Under the Data Protection Act 1998 it is a requirement to obtain your consent to share information about you with other agencies and organizations who may be involved in providing services to you. You have a right to prevent this and therefore do not have to consent if you do not want your information to be shared. However, it may be difficult to provide you with some of the services you need if you do not give your consent.*  I give my permission for agencies to obtain further information from all other relevant agencies which may include, for example, Adult Services, landlords, police, probation, benefits agencies and housing benefit offices.  I understand that this information will only be made available to all providers/organizations that are able to assist me to obtain the correct level of support and enable me to sustain independent accommodation. | | | |
| Signed: *(Applicant)* |  | Date: |  |
| If obtaining a signature was not possible, tick to confirm you have the Applicant’s verbal consent: | | | |

# Equal Opportunities

|  |  |
| --- | --- |
| **Ethnicity** | |
| **Asian**  Bangladeshi  Pakistani  Indian  Other | **Black**  African Other  Caribbean |
| **Chinese or other ethnic group**  Chinese  Other | **Gypsy and Traveler**  Gypsy  Irish Traveler  Other |
| **Mixed**  White and Black Carib  White and Black Afr  White and Asian  White and Other | **White**  White British Eastern European  White Irish  White Other |
| Prefer not to say | Not known |
| **Religion/ Belief** | |
| Christian  Muslim  Hindu  Jewish  Sikh | Buddhist  Atheist  Agnostic  Other:  Prefer not to say  Not known |
| **Marital/Civil Partnership Status** | |
| Married  Single  Divorced  Widowed  Prefer not to say | Civil Partnership  Dissolved Civil Partnership  Separated  Other:  Not known |
| **Gender** | **Sexuality** |
| Male  Female  Transgender  Other:  Prefer not to say  Not known | Heterosexual  Gay  Lesbian  Bisexual  Other:  Prefer not to say  Not known |

**Office Use Only**

|  |  |
| --- | --- |
| **REFERRAL ASSESSMENT**  **Client Name:**  **Client Ref: Date: Worker:** | |
| **Housing**  Present problems, contact with housing etc. |  |
| **Actions Agreed** |  |
| **Finances**  Debts and nature of debts, what is the source of income, are benefits in place etc. |  |
| **Actions Agreed** |  |
| **Mental/Physical Health Issues**  Conditions we need to know about e.g. mental health, self-harm, medication, physical health needs etc. |  |
| **Actions Agreed** |  |
| **Support Networks**  Who is helping client including family/friends and other agencies |  |
| **Actions Agreed** |  |
| **SCREENING ASSESSMENT** | |
| **Safeguarding**  Any adults or children at risk, any domestic violence concerns |  |
| **Actions Agreed** |  |
| **Diversity**  Any special cultural needs we need to be aware of at this stage e.g. language, gender |  |
| **Actions Agreed** |  |

|  |  |
| --- | --- |
| **Substance Misuse**  Current/past issues with drugs/alcohol etc |  |
| **Actions Agreed** |  |
| **Meaningful use of Time**  How does the client spend their time? Activities/hobbies/volunteering/family etc |  |
|  |  |
| **Any Other Issues**  Note down any other relevant information at this stage |  |
| **Actions** **Agreed** |  |

**Next Steps: Send by email, post, fax to: gateway.referrals@disc-vol.cjsm.net (secure) gateway.referrals@disc-vol.org.uk (please password protect) Tel: 01642 211255 humankind, Ground Floor, Newham House, 96-98 Borough Road, Middlesbrough, TS1 2HJ**