

Salisbury Trust for the Homeless

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Supported Housing Referral Form

Please complete all relevant sections **IN FULL**. Do not leave blanks as otherwise the referral form may be returned to you and will delay any consideration over possible placement.

Clients full name:			
Date of birth:		National Insurance No:	
Is the client pregnant?		If yes please give estimated due date	
Contact Telephone Number(s):			
Contact Address:			
Ethnicity:			

Date of Referral:	
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Person completing this referral:			
Agency/Service			
What Local Connection does the Client have?		How has this been verified?	
Is client registered with Homes4Wilts?		What is the clients banding status?	
Length of time client known to Referrer		Is Client aware of referral?	

Section 1 – Personal Details and Housing History

Most recent/current address Living arrangements	
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Reason for being homeless	
Has the client held their own tenancy?	
Next of kin contact details	

Has the client been in supported accommodation before?	Yes	No	
If 'yes' please confirm the following:			
Where/What Organisation?			
Dates of placement(s)?			
How much SP funding has the client used?			
Does the client have former tenancy arrears?	Yes	No	
If 'yes' please confirm the following:			
Landlord details?	Amount Owed?	Repayment Plan in place?	Repayment plan details?

Section 2 - Individual Requirements

Will the applicant have any specific individual requirements during the assessment or in key working that we need to be aware of?

Communication/language barriers

Sensory impairment

Reading or writing

Is a comfort break required during the assessment (if the applicant has difficulties with attention or memory span or sitting for long periods for example)

Does the applicant consider themselves to have a disability?

If yes please give details.....

Would the applicant like another person present during the assessment?

If yes please include their name and contact details

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Does the applicant have any cultural or religious requirements?

If yes please give details

Please comment below on what we can do to alleviate any difficulties or include any other information that we need to be aware of that is not included elsewhere on this form.

Please also include in this section any information about the applicant that may cause them distress to discuss at the assessment.

Section 3 – Income Details

What is the client's current employment status?

If client is in receipt of benefits, what benefits?

	Amount	Frequency
Income Support		
Universal Credit		
Income based JSA		
Pension		
Employment Support Allowance		
Disability Living Allowance/Personal Independence Payment		
Incapacity Benefit		
Other (please specify)		

Section 4 – Support Needs

Identifying support needs will allow Providers to offer the client the most appropriate service tailored to meet those needs. Clients must also be willing to engage with the support offered.

Support Needs	Yes	No	Brief Description of support required
Life and Social Skills			
Managing Health Issues			
Money/Budgeting/Benefits			
Education/Training/Employment			
Establishing or maintaining support networks			
Managing a tenancy or finding long term accommodation			
Dealing with other agencies			
Form filling			
Other (please specify)			

Drug Misuse Issues

Does the client consider themselves to have a substance/drug misuse issue?

If yes please give details

Substance used	Current or Previous	When Last Used

Does the client want to reduce or change their drug/substance use?

Alcohol Issues

Does the client consider themselves to be dependent on alcohol?

Does the client want to reduce their alcohol use?

Are you engaging with a drug/alcohol worker?

If yes, what is their name and contact details?

Can we contact them for information before entry?

Signed.....

Physical and Mental Health

Please state if you have any medical conditions that you want to tell us about? e.g. Asthma, Diabetes, Epilepsy etc.		
Do you have a physical disability?		
If yes to either of the above please give details		
Do you have a specific Mental Health problem/diagnosis?		
If yes please give details		
What medications (and dosage) are you currently taking?		

Other agencies & individuals who can support this referral

Name	Agency or Relationship	Telephone Number

Section 4 – Risk Assessment

Evidence or disclosure of the following will not necessarily exclude an applicant being accepted by the service. Giving comprehensive details of any know risk/triggers will enable us to support the client safely and effectively.

Do you have a history of:	Yes	No
Self Harm/Suicide attempts		
If yes please give details:		
Arson		
If yes please give details:		
Violence/Aggression to others		
If yes please give details:		
Sexual Offences		
If yes please give details:		
Putting others in danger		
If yes please give details:		
Other criminal offences		
If yes please give details:		

Referrer

I have read the application and believe it to be an accurate assessment of my situation and needs.

Name (Please Print)	
Date	
Signature	

Permission to share information and make enquiries:

So that Providers are able to consider your application, we need to ensure that as much information as possible can be shared between agencies about your needs. All information shared will be treated as confidential and shared only with those who need it in order to help you.

Statement of Agreement:

I understand and agree that in order for my application to be considered, it will be necessary for Wiltshire's supported housing providers (Providers thereafter) to have access to the information contained within this form.

I also accept and agree that it may be necessary for Providers to contact other agencies who work with me so they can get a better understanding of my individual needs

I confirm that the information on this form is correct and I understand that providing false information may lead to my application being declined or an offer of accommodation being withdrawn

Signed (Applicant):	
Print Name:	
Date:	

Confidentiality – Data Protection Act 1998

We deal with personal and sensitive information in line with the Data Protection Act 1998. Personal and sensitive information is what you have told us about yourself, or what other organisations have told us about you, or may tell us in the future.

We will always hold and use information in accordance with the law. This may include using it for statistical or research purposes, and to update our records. We may need to share some details about you with other organisations that have the right to see them, such as the police or social services. We will never give details to outside organisations unless you have given your permission.