

**REFERRAL FORM FOR SUPPORTED ACCOMMODATION**

**SECTION 1 – REFERRAL AGENCY DETAILS**

REFERRAL AGENCY AND CONTACT DETAILS	
REASON FOR REFERRAL: * This must be accurate. All referrals must meet the definition of 'vulnerable adult'.	

**SECTION 2 – APPLICANT DETAILS**

APPLICANT NAME			
ADDRESS			
DOB		GENDER	
CONTACT NUMBER			
NINO		BENEFIT STATUS	
IMMIGRATION STATUS		DATE OF ENTRY TO UK	
ETHNICITY			
NEXT OF KIN ( & RELATIONSHIP)			
NEXT OF KIN ADDRESS			
NEXT OF KIN CONTACT NUMBER			

**SECTION 3. PREVIOUS ADDRESS HISTORY (INCLUDING SUPPORTED ACCOMMODATION)**

ADDRESS	DATES / DURATION	TYPE OF OCCUPANCY, <i>i.e.</i> Private, Supported	REASON FOR LEAVING, <i>i.e.</i> Arrears, ASB

**SECTION 4 – APPLICANT MEDICAL BACKGROUND / HISTORY**

SOCIAL WORKER/ CPN/ PROBATION OFFICER or OTHER RELEVANT PROFESSIONAL/S	
GP NAME AND ADDRESS (if applicable)	
HAS CLIENT EVER BEEN: DETAINED / SECTIONED	

UNDER THE MENTAL HEALTH ACT If Yes please provide details:		
PHYSICAL HEALTH HISTORY		
PRESENT MEDICATION AND/OR TREATMENT		
*CRIMINAL CONVICTIONS/ COMMUNITY ORDER (this information must be provided)		DATE OF CONVICTION
ANY OTHER RELEVANT INFORMATION		

### SECTION 5 – SUPPORT GROUP / SUPPORT NEEDS

SUPPORT GROUP	Y/N	SUPPORT NEEDS: Please provide details of level and type of support required
Mental Health Problems		
Single Homeless with Support Needs		
Training, Education, Employment		
Leisure, Cultural, Faith, Informal Learning Activities		
Primary Health Care, Mental Health or Drug/Alcohol Services		
Accommodation / Housing		
Safeguarding: Avoiding self-harm and/or causing harm to others/avoiding harm by others		
Independent Living Skills		
Inclusion in community		
Social Isolation / Contact with family / friends		
Other (Please specify)		

### SECTION 6 – RISK ASSESSMENT

*RISK ASSESSMENT (WE WILL NOT ACCEPT REFERRALS WITHOUT A CURRENT RISK ASSESSMENT) PLEASE PROVIDE INFORMATION BELOW (OR SEND CURRENT RISK ASSESSMENT)		
DOES APPLICANT HAVE A HISTORY OF:	L/M/H	DETAILS: IF YES PLEASE COMPLETE IN ALL CASES
INDICATE RISK LEVEL: LOW/MEDIUM/HIGH		TRIGGERS / POTENTIAL VICTIMS ETC.
VIOLENCE, AGGRESSIVE BEHAVIOUR		
SELF-HARM / SUICIDE / MENTAL HEALTH FORMAL DIAGNOSIS		
DRUG / ALCOHOL MISUSE		
CHILD PROTECTION ISSUES		
SEXUAL OR SCHEDULE 1 OFFENCE		

CRIMINAL CONVICTIONS / OFFENCES		
SELF-NEGLECT / NEGLECT OF OTHERS		
ANTISOCIAL BEHAVIOUR		
DAMAGE TO PROPERTY		
ARSON		
ANY OTHER INFORMATION		
IS THE APPLICANT AT RISK OF HARM FROM OTHERS? IF YES PLEASE STATE BY WHOM AND PROVIDE DETAILS		

**SECTION 7 – AUTHORISATION - APPLICANT**

- I give my consent to the disclosure of this information for the purpose of finding accommodation and to the disclosure of any supplementary information attached for housing purposes
- I give my permission for the outcome of this referral to be explained to the referral agency
- I agree to participate in a support package including support planning and assessment
- I would / would not like a copy of this referral (Delete as appropriate)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 8 – AUTHORISATION REFERRAL AGENCY**

Signature of person making Referral: \_\_\_\_\_ Date: \_\_\_\_\_

Position in Company: \_\_\_\_\_

**SECTION 8 - SUPPORTING DOCUMENTATION / ADDITIONAL INFORMATION**

Please list documents attached / Additional Information:

**PLEASE NOTE: CAPITA HOUSING IS AN EQUAL OPPORTUNITIES HOUSING PROVIDER. HOWEVER, WE RESERVE THE RIGHT TO REFUSE REFERRALS WITH A HISTORY OF ARSON (*INSURANCE REGULATIONS*) AND SEX OFFENCES AGAINST CHILDREN.**