

***Referral Form***

**Referrer Details**

|  |  |
| --- | --- |
| Date |  |
| Name |  |
| Organisation |  |
| Contact Number |  |
| Email |  |

**Applicant Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Date of Birth |  | Age |  |
| Gender |  | | |
| National Insurance No |  | | |
| Contact Number |  | | |
| ID Available |  | | |
| Benefits | Universal Credit | Employment Support Allowance | |
| Personal Independence Payment | Other | |
| Status in the UK |  | | |
| Ethnic Origin |  | | |
| Language |  | | |
| Interpreter required |  | | |
| Any dependents under the age of 18 |  | | |

**Accommodation History**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address | Start Date | End Date | Reference | Reason for Leaving | Any Arrears |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Accommodation Preference**

|  |  |
| --- | --- |
| This section of the form seeks to identify the individual’s preference towards accommodation. | |
| Are they happy with shared accommodation? | * Yes * No |
| If no, please state why? |  |
| Which areas are they interested in? |  |
| Are they happy to relocate? | * Yes * No |

**Health History**

|  |  |
| --- | --- |
| This section of the form seeks to identify the individual’s medical history. | |
| Any physical health issues? |  |
| Any mental health Issues? |  |
| Any medication? |  |

|  |  |
| --- | --- |
| Please provide details of the applicant’s GP and/or any other healthcare provider(s). | |
| GP Surgery | Any other healthcare provider |
|  |  |
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**Criminal History**

|  |  |
| --- | --- |
| This section of the form seeks to identify if the individual has any criminal convictions, spent or unspent. | |
| Any criminal offence? |  |
| Are they currently on Licence?  If yes, please state the License period. |  |
| Any Exclusion Zones? |  |

**Support Needs**

|  |  |
| --- | --- |
| This section of the form seeks to identify the individual’s support needs in relation to independent living skills and maintaining a tenancy. | |
| Any support needs?  (e.g. budgeting, chores, cooking, cleaning, self-care etc.) |  |
| Any drug or alcohol misuse? |  |
| Any support services |  |
| Name of support service |  |
| Support service/Key worker  contact number |  |
| Support service/keyworker email |  |

**Hazards and Risks**

|  |  |
| --- | --- |
| If there are any issues related to risk that need to be considered when working with this applicant, please tick the relevant boxes below. We may contact you for further information if required. | |
| Risk to staff/others |  |
| Risk to self |  |
| Risk to property |  |
| Risk to wider community |  |
| Violence, Harassment, abuse |  |
| Domestic abuse |  |
| Sexual abuse |  |
| Arson |  |
| Offending History |  |
| Alcohol/Drug Use |  |
| Other vulnerability |  |
| Safeguarding |  |
| Any other risk |  |
| If other, please state: | |

**Other**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does the applicant have any other issues? | | | | | | |
|  | | | | | | |
|  |  |  |  |  |  |  |
| If there is any further information to support this application, please tell us here: | | | | | | |
|  | | | | | | |

**DECLARATIONS**

To be signed on behalf of the referring agency:

By signing this declaration, I confirm that:

* I have full consent from my client to share their personal information.
* The information I have provided is truthful and accurate to the best of my knowledge.
* I understand the information provided will be used by Green Bridge Community Housing for the purposes of assessing the client for supported accommodation.

Green Bridge Community Housing may need to contact other agencies for information so we can process the application. This could include other housing providers, the probation service or other social services’ department.

If inaccurate or incomplete information is provided it may result in your client losing any subsequent Green Bridge Community Housing accommodation. This application form will be kept on the service user’s file, to which the service user will have access. Any information you wish to be kept confidential must be recorded as “**confidential third-party information only**”.

|  |  |
| --- | --- |
| Signed |  |
| Name |  |
| Agency |  |
| Date |  |