



HOUSING SUPPORT REFERRAL FORM FOR NEWTONS HOME FIRST

Are you

<input type="checkbox"/> The Applicant	<input type="checkbox"/> The Referral Agency
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Referrer Details (if applicable):

Referral Agency:Contact Name:
Contact Details: (include address, telephone number, email):

Applicant Details:

Full name:	Address:
DoB:	Contact No:
Gender (M/F):	NI No (Optional):
Housing Benefit Number	
Other Information	
Applicant's Priority Needs:	

Is support provided by any of the following?

- Family Member (contact name and number)
- Friend (contact name and number)
- Social Worker (contact name and number)
- Probation Officer (contact name and number)
- CPN (contact name and number)
- Other support worker (contact name and number)

Background Information

Housing history – Please list last five addresses:

Where/Type of accommodation	Length of Stay	Reason for Leaving

In which areas is support required?

- | | |
|--|---|
| <input type="checkbox"/> Finances/debt/budgeting | <input type="checkbox"/> Finding or maintaining accommodation |
| <input type="checkbox"/> Homelessness issues | <input type="checkbox"/> Finding furniture/accessing grants |
| <input type="checkbox"/> Access to training/ employment/ education | <input type="checkbox"/> Personal safety and security |
| <input type="checkbox"/> Gaining access to other services | <input type="checkbox"/> Health and well-being |
| <input type="checkbox"/> Daily living skills – shopping, housework etc | <input type="checkbox"/> Emotional support |
| <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Substance misuse problems |
| <input type="checkbox"/> Domestic Abuse | <input type="checkbox"/> Offending behaviour |
| <input type="checkbox"/> Accessing community organisations | <input type="checkbox"/> Social skills/behaviour management |

Any other important information:

(Use this space to provide any other areas of support required, priorities or any further information on the areas highlighted above).

RISK ASSESSMENT

NB: This Section MUST be completed

Please use the following definitions to answer the questions:

LOW	Isolated or occasional instances of non-significant incidents and/or a low potential of incidents occurring or recurring.
MEDIUM	More frequent/regular incidents and/or of a more significant nature
HIGH	Likely, severe or significant

Does the applicant have a history/is there a risk of any of the following violent offences/incidents to others:

Category	LOW	MEDIUM	HIGH
Physical Abuse			
Mental Abuse			
Sexual Abuse			
Racial Abuse			
Verbal Abuse			
Damage to property/Arson			

Describe below potential triggers and who is at risk:

Is there a history of difficulties regarding previous tenancies?

Category	LOW	MEDIUM	HIGH
Rent Arrears			
Behaviour of friends			
Neighbour disputes			
ASB			
Evictions			
Harassment			
Other			

If any identified, please give further details:

Is there a history of or risk of any of the following?

Category	LOW	MEDIUM	HIGH
Suicide			
Self-harm			
Accidental overdose			
Misuse of/non compliance with Medication			
Abuse from others			
Vulnerability			
Mental Health Issues			
Substance Misuse			

If any identified, please give further information including triggers, details of incidents etc:

If you are a referral agency, please state how long you have known the Applicant?

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Is it safe to visit the Applicant at home? If not, is there another safe place?

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Has the Applicant ever been refused support? If yes, please state why?

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Please provide any other relevant information:

Signed: Dated:
(Applicant)

Signed: Dated:
(Referral Agency)

CONSENT

I confirm that the information contained in this document is true and includes all relevant information required to correctly assess my referral.

I give my permission for agencies to obtain further information from all other relevant agencies which may include, for example, Adult and Community Services, landlords, police, probation, benefits agencies and housing benefit offices.

Under the Data Protection Act 1998 it is a requirement to obtain your consent to share information about you with other agencies and organisations 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 understand that this information will only be made available to all providers/organisations that are able to assist me to obtain the correct level of support and enable me to sustain independent accommodation.

Signed: Dated:
(Applicant)

For use by Support Provider:

Please return this form to:

.....

.....

EQUAL OPPORTUNITIES

Gender		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Disability		
Do you consider yourself to be a person with a disability as described by the Disability Discrimination Act 1995? ie do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Ethnic Origin		
White		
<input type="checkbox"/> White British	<input type="checkbox"/> Irish	<input type="checkbox"/> Other
Mixed		
<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> White & Black African	<input type="checkbox"/> White & Asian
<input type="checkbox"/> Other Mixed Background	Please state	
Asian or Asian British		
<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Other Asian Background	Please state	
Black or Black British		
<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	
<input type="checkbox"/> Other Black Background	Please state	
Chinese or other ethnic group		
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other ethnic group	Please state
Gypsies and Travellers		
<input type="checkbox"/> Gypsy	<input type="checkbox"/> Irish Traveller	Other please state