

Thrive Telford Gateway – Access into Supported Accommodation. Referral form.

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|---|-----|--|--|
| Applicants name: | | Referrer name: | |
| 1. | | | |
| Joint Applicant Name: | | | |
| 2. | | | |
| | | | |
| Applicant 1 D.O.B: | / / | Referring Organisation: | |
| Applicant 2 D.O.B: | / / | Agency/organisation name: Address: Tel No: Email: | |
| Applicant 1 NI No: | | | |
| Applicant 2 NI No: | | | |
| Applicants contact details: | | | |
| Address: Postcode: Tel No: Best Method of contact: Call <input type="checkbox"/> Text <input type="checkbox"/> Mail <input type="checkbox"/> Lett <input type="checkbox"/> <input type="checkbox"/> | | | |
| Who is your Landlord: | | | |
| If pregnant, E.D.D | | | |
| Name of 1st Child | | D.O.B | |
| Name of 2nd Child | | D.O.B | |
| Name of 3rd Child | | D.O.B | |
| Name and contact details of Social Worker (if applicable) | | | |
| Name and contact details of Health Visitor (if applicable) | | | |

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| | |
| Is there a CAF/TAC or Child Protection Plan in place? | <i>Details</i> |
| Yes No | |

| |
|---|
| Current financial status: |
| Please detail full income details (work related income, welfare benefits etc) |

| Current Housing Tenure, | | | | |
|-----------------------------|--|------------------|--|--|
| No Fixed Abode | | Leaving Prison | | |
| Private Landlord | | Leaving Hospital | | |
| living with family | | Hostel | | |
| Housing Association Tenancy | | | | |
| Local Authority Tenancy | | | | |
| Temporary Accommodation | | | | |
| Other (Please Specify) | | | | |

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|-----------------------------|
| Additional Comments: |
| |

| Client Group? | | | |
|-----------------------------------|-------------|--|-------------|
| | Please tick | | Please tick |
| Young People 16/17 | | Customer with Acquired Brain Injury | |
| Young Parents | | Care Leaver | |
| 18-35 | | Customer requiring emergency accommodation | |
| Customer with Mental Health Needs | | Customer 18+ with Support Needs | |
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Any Comments:

| Agency/ organisation | Name/key contact | Contact Details |
|----------------------|------------------|-----------------|
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Risk Indicators – This information is required to allow support workers to prepare for the assessment fully. Please give as much detail as you are aware of especially where there may be concerns for lone working.

Please note, if this information is left blank or there is lack of information, it may result in a delay of the referral being processed.

*If you are making this referral for an individual that is not known to you and/or you do not consider it appropriate to complete this section, please tick here (Please ensure the ‘Network of Support/other agencies involved’ details are completed in full as this will allow us to make the necessary enquiries regarding risk.

Is there any history or evidence of the following?

| | Yes | No | | Yes | No |
|-------------------------|-----|----|--|-----|----|
| Violence or Aggression | | | Self Harm | | |
| Arson | | | Sex Offences | | |
| Domestic Abuse | | | Criminal Offences (other) | | |
| Substance / Alcohol use | | | Statutory Orders | | |
| Mental Health | | | Hazards from Others (friend/family/visitors) | | |
| Any Pets Owned? | | | Other (please specify) | | |

Please give further details including what these risks may mean to support providers, how can we manage these risks and how any current or future support is/may minimise these risks. Where risks are identified, please give dates:

| Reason for requiring Supported Housing (tick all that apply) | | | |
|--|--|---|--|
| Tenancy failure or losing short term accommodation | | Ongoing issues with drug and alcohol | |
| Becoming homeless / evicted (within 28 Days) | | Access to local services | |
| Rough Sleeping | | Access to health services | |
| Leaving Temporary accommodation | | Build an alternative support networks | |
| Skills to eat healthily | | Access voluntary services | |
| Ability manage personal hygiene | | Increase social and community networks | |
| Improved quality of life | | Risk of domestic abuse | |
| Frequent presentation to accident and emergency | | Obtaining or maintaining a suitable home | |
| Accessing drug and alcohol services | | Reduce social isolation | |
| Unplanned hospital admissions | | Getting involved in activities | |
| Risk of harm from others | | Feeling more involved | |
| Risk of self-harm | | Help to find other help | |
| Risk of offending | | Teenage pregnancy | |
| Deteriorating financial position | | Gaining and / or maintaining employment and / or education and training | |
| Risk of long-term worklessness | | Reducing feelings of isolation | |
| Ongoing health issues | | Increased knowledge | |
| | | | |
| Ability to be keep home safe & secure | | Developing problem solving skills | |
| Ability to manage a healthy lifestyle | | Increased feelings of being less reliant | |
| Developing personal competence | | Increased feelings of being more independent | |
| Developing self esteem | | Ability to manage health & wellbeing | |
| Increased confidence | | Ability to manage £ better | |
| Developing interpersonal skills | | Developing household skills | |
| Ability to manage ongoing health problems | | | |
| | | | |

| Monitoring our Services | | |
|---|--------------------------------|------------------------------------|
| <p>We are committed to providing a service, which is fair and available to everyone. To help us monitor this, please answer the following questions. Your response will be kept confidential, however from time to time we will contact a sample of responses who have not taken up for the service to ensure that there is fair access to the service.</p> | | |
| Gender (Circle one) | Applicant 1: Male Female | Joint Applicant: Male Female |

| | | |
|--|--|--|
| | <p>Transgender</p> <p>Prefer not to say</p> | <p>Transgender</p> <p>Prefer not to say</p> |
| <p>Do you consider yourself to have a disability?</p> | <p>Applicant 1: Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> | <p>Joint Applicant: Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> |
| <p>If yes, please give detail:</p> | <p>Applicant 1:</p> | <p>Joint applicant:</p> |
| <p>Ethnic origin:</p> | <p>Applicant</p> <p>A White English, Scottish, Welsh, Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy, Irish Traveller <input type="checkbox"/> Other <input type="checkbox"/></p> <p>B Mixed White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other <input type="checkbox"/></p> <p>C Asian or Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other <input type="checkbox"/></p> <p>D Black African, Caribbean or Black British Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other <input type="checkbox"/></p> <p>E Other ethnic group Arab <input type="checkbox"/> Other <input type="checkbox"/></p> <p>F Refused <input type="checkbox"/></p> | <p>Joint applicant</p> <p>A White English, Scottish, Welsh, Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy, Irish Traveller <input type="checkbox"/> Other <input type="checkbox"/></p> <p>B Mixed White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other <input type="checkbox"/></p> <p>C Asian or Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other <input type="checkbox"/></p> <p>D Black African, Caribbean or Black British Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other <input type="checkbox"/></p> <p>E Other ethnic group Arab <input type="checkbox"/> Other <input type="checkbox"/></p> <p>F Refused <input type="checkbox"/></p> |

Additional information:

Are you an Immigrant to UK or an EEA National?

Applicant: Yes No

Joint applicant: Yes No

If yes: Have you got leave to remain in UK and for how long is this?

Applicant: Yes No How long _____

Joint applicant: Yes No How long: _____

And: Do you have copy of ORIGINAL Home Office Letter confirming leave to remain?

Applicant: Yes No

Joint applicant: Yes No

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 companies outside of the Thrive Partnership unless you have given permission.

Customers have the right to see any personal information held about them and to correct any that is wrong. However, will not be able to see information that others have given us in confidence. We may make a small charge for finding and copying the information.

By signing this referral form you agree to us making necessary checks in order to assess your suitability for accommodation. These may include obtaining landlord references.

| | |
|---|-----------------------------|
| Print and sign applicant | Date: |
| Print and sign joint applicant | Date: |
| Signature of referrer: | Date: |
| Have you filled out this form on behalf on the applicant? | Yes No |
| If yes, I confirm that I have explained to the applicant (s) what support the service can provide and why they have been referred. | |

Thank you for taking the time to complete this form. We aim to acknowledge receipt of referrals to both referrer and applicant within 4 days of receipt.

Please return form to:

**Stay / Thrive Telford
14-16 Market Street
Oakengates
Telford
TF2 6EL**

Email: thrive@staytelford.co.uk

Drop form to: check our website www.inspire2thrive.co.uk for details of local hubs

For any queries, please call us on: 01952 504325

Office use only

| | |
|--|----------------------------|
| <p>Customer 1 Reference No:</p> | <p>Date logged:</p> |
| <p>Customer 2 Reference No:</p> | <p>Date logged:</p> |