

Thrive Gateway – Access into Supported Accommodation. Referral form.

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: *Please ensure full contact details are provided including email address.	
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"/> Email <input type="checkbox"/> Letter <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)			

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) ***must be completed***

Current Housing Tenure, *must be completed*

No Fixed Abode		Leaving Prison		
Private Landlord		Leaving Hospital		
Living with family		Hostel		
Housing Association Tenancy		Temporary Accommodation		
Local Authority Tenancy				
Other (Please Specify)				

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	

Agency/ organisation involved	Name/key contact	Contact Details

Risk Indicators – This information is required to allow our 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. *Please ensure all known risks are completed above. If not completed this form will be returned *

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 service		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			

Reasons for referral and expected outcomes:

Ethnic origin:	Applicant	Joint applicant
	A White English, Scottish, Welsh, Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy, Irish Traveller <input type="checkbox"/> Other <input type="checkbox"/>	A White English, Scottish, Welsh, Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy, Irish Traveller <input type="checkbox"/> Other <input type="checkbox"/>
	B Mixed White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other <input type="checkbox"/>	B Mixed White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other <input type="checkbox"/>
	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"/>	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"/>
	D Black African, Caribbean or Black British Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other <input type="checkbox"/>	D Black African, Caribbean or Black British Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other <input type="checkbox"/>
	E Other ethnic group Arab <input type="checkbox"/> Other <input type="checkbox"/>	E Other ethnic group Arab <input type="checkbox"/> Other <input type="checkbox"/>
	F Refused <input type="checkbox"/>	F Refused <input type="checkbox"/>

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 checks may include requesting references from previous landlords and external services who offered a service to you or from those who had been previously offered a service to you.

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.		

Please note: This form will be returned if not fully completed.

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:

Email: thrive@ymcawellington.co.uk

YMCA Wellington and District (Thrive)
Consort House
Victoria Avenue
Wellington
Telford
TF1 1NH

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

For any queries, please call us on: **01952 400401**

Office use only

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