REFERRAL FORM FOR SUPPORTED HOUSING

This form is to be completed by the appropriate professional person who is making this referral for example the service users Doctor, CPN, Social Worker, Care Coordinator, etc.

Additionally, we also welcome completed forms from individuals or family members or carers on their behalf.

When completed this form please can you give as much information as possible, this will help us process the application quicker.

Please attach previous care plans and risk assessments

SECTION 1 – CONTACT DETAILS

1. REFERRING AGENT

Team:	

Contact Name:		Tel Number:	

Team Location:	

2. SERVICE USER DETAILS

Surname:		Title:	

First Name(s):	

Current Address with Post Code:	

Contact Number:	

3. DOCTORS DETAILS

Name of GP:		Tel Number:	

Address of Surgery:	

SECTION 2 - SUPPORT

Are you requesting Future Health & Social Care to provide supported accommodation for this individual? This means that the individual needs regular ongoing housing related support from us as a landlord that is over and above that needed in an unsupported tenancy and separate to any other support or care arrangements

Yes / No	If the answer to this question is No, then our service is possibly not appropriate and you should seek housing from 'General Landlords'

If Yes: Briefly outline the housing related supported that the individual will need to enable them to manage their tenancy successfully:

Are you requesting this accommodation because no other alternative accommodation is available?   Yes / No
Briefly explain the reasons why the tenant is not able to be provided with accommodation by Local Authority, Housing Association or Private Landlord:

Would the tenant be classed as a "vulnerable person"	Yes / No

In what way is the tenant vulnerable?

Is the tenant in receipt of / or qualifies for DLA or incapacity benefit?	Yes / No

If DLA please state what rate for Care and what Rate for Mobility:
£   per
Start date of benefit payments:
Are they waiting to hear about any benefits:
When did they claim:

Medical Condition (Diagnosis, symptoms, etc):

Legal Status if any (e.g. section 25, 117, forensic, or other):

Other Relevant Agencies involved in care:

Please provide name and contact details:

Brief Social History (events that led to intervention, homelessness)

Please provide Client Support Needs with Accommodation (e.g. home economics, Appointeeship, maintenance of tenancy, etc)

SECTION 3 – HOUSING

Property Specifications:

Date accommodation needed by:

(This must be a date between 14 and 90 days of this referral date)

Please inform us of current accommodation and notice required and reasons why they are leaving:

What type of Property would you need (please tick only one)?					
House		Maisonette		Flat	
Bungalow		Bedsit		Shared	

Details of each room, as applicable (Including minimum numbers required, size of rooms, equipment, adaptations, etc):	
Bedroom (s)	
Living Room	
Kitchen	
Bathroom	
External – garden, parking etc	
Special Requirements/adaptations to property due to specific disability	

Local area (please detail what the service user's needs are and also anything they would not want. We should think about what we want to achieve in the way of future outcomes and how we might want this person to access their community in the future):

For example location, transport, amenities, community:

SECTION 4 –RISK ASSESSMENT

Risk to self:

Risk to others (staff, neighbours, children, other tenants):

Risk to property:

Has there ever been evidence of arson? If yes please provide details:

Please provide any other recorded events of significance relating to tenancy/properties:

Additional Information (include here any drug or alcohol dependency or abuse that will have an effect on a tenancy – other known individuals that associate with the Client that may have an effect on the tenant):

Criminal Convictions, ASBO or Injunctions:

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SECTION 5 – RISK MANAGEMENT OF A PROPERTY

Looking at the risk statements below and based on your knowledge of the individual please can you tick which statement best describes the individual's risks at parts 1 and 2. Only tick one of the 5 statements for the fire risk and one of the 5 statements for damage to property.

1. Fire risk assessment:

Risk Rating	Risk Statement	✓
1	There is no historical or present information of any risk of causing a fire, not a smoker or misuse of alcohol or drugs.	
2	There is no historical or present information of any risk of causing a fire, Service user is deemed to be a responsible smoker.	
3	There is no historical or present information of any risk of causing a fire; client is a smoker and abuses alcohol or drugs or will allow other to visit the property who may smoke and abuse alcohol or drugs.	
4	There is historical or present evidence of causing fire damage or fire risk but no conviction.	
5	There is historical or present evidence of causing fire damage or fire risk and has been convicted of arson.	

2. Damage to property:

Risk Rating	Risk Statement	✓
1	There is no historical or present information of any risk of damaging property.	
2	There is no historical or present information of any risk of damaging property. Service user would have difficulty keeping the property clean and maintenance free.	
3	There is some historical or present information about the client damaging their possessions or property, There is a real risk to damaging the property which is above the standard expected wear and tear.	
4	There is historical or present information about the service user causing excessive damage to their own or others property.	
5	The service user has a conviction for causing excessive damage to their own or others property.	

SECTION 6 – MISSING PERSONS

Height	
Hair Length/ Colour	
Eye Colour	
Body Build	

6

Distinguee body feathers	

SIGNATORY

Please complete the details below:

Name of person completing this form:

Designation:

Contact number:

Email address:

Organisation:

Signature:

Date:

Please return this form to **Future Health & Social Care Association 13th Floor Cobalt Square, 83-85 Hagley Road, Birmingham, B16 8QG.**

Please call **0121 265 2650** if you have any queries on how to complete this form.