

## HOUSING SUPPORT REFERRAL FORM FOR COUNTY DURHAM SERVICES

Use this form for Floating Support and Supported Accommodation Referrals in County Durham for all Supporting People Services

**A full list of services and providers can be obtained from Durham Directory of Services or the Durham Local SP Directory at <http://spocc.net.durham.gov.uk/>**

To which service is the application being referred?

Floating Support Services	Accommodation Based Services

### 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: address:	
Tel No:	Email:

### Applicant Details:

Full Name:	Contact No:
DOB:                      Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Email:
Address (or correspondence address if NFA):	Date From:
	Tenure:
	Name of Landlord:
NI No (Optional):	Housing Benefit Number:
Preferred Language:	
Interpreter or Signer Required <i>if yes please describe</i> :	
Please give details including name, date of birth, gender of children/partner/friend to be included in the referral:	
Applicant's Priority Needs (eg. identification of accommodation and support to manage tenancy):	

### Is support provided by any of the following?

Type	Contact name and number
<input type="checkbox"/> Family Member	
<input type="checkbox"/> Friend	
<input type="checkbox"/> Social Worker	
<input type="checkbox"/> Probation Officer	
<input type="checkbox"/> CPN	
<input type="checkbox"/> Other Support Worker	

**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"/> Claiming benefits / maximising income	<input type="checkbox"/> Finding suitable accommodation
<input type="checkbox"/> Debt problems	<input type="checkbox"/> Setting up home/furnishing home
<input type="checkbox"/> Access to training/ employment/ education	<input type="checkbox"/> Maintaining accommodation
<input type="checkbox"/> Gaining access to other services	<input type="checkbox"/> Resolving dispute with landlord
<input type="checkbox"/> Parenting or family problems	<input type="checkbox"/> Daily living skills – shopping, housework etc
<input type="checkbox"/> Mental health problems	<input type="checkbox"/> Reducing anti-social/offending behaviour
<input type="checkbox"/> Health and wellbeing	<input type="checkbox"/> Personal safety and security
<input type="checkbox"/> Problems with alcohol	<input type="checkbox"/> Domestic abuse
<input type="checkbox"/> Problems with drugs	<input type="checkbox"/> Filling In forms/making phone calls
<input type="checkbox"/> Homelessness issues	<input type="checkbox"/> Social skills/behaviour management

**Additional information – please do not leave blank:**

*(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:**

<b>LOW</b>	Isolated or occasional instances of non-significant incidents and/or a low potential of incidents occurring or recurring.			
<b>MEDIUM</b>	More frequent/regular incidents and/or of a more significant nature			
<b>HIGH</b>	Likely, severe or significant			
<b>Category</b>	<b>L</b>	<b>M</b>	<b>H</b>	<b>Comments</b>
<b>Does the applicant have a history/is there a risk of any of the following violent offences/incidents to others:</b>				
Physical abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe below potential triggers and who is at risk:
Mental abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Racial abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verbal abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Damage to property/arson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Is there a history of difficulties regarding previous tenancies?</b>				
Rent arrears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If any identified, please give further details:
Behaviour of friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neighbour disputes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Is there a history of or risk from others/client's vulnerability of any of the following?</b>				
Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If any identified, please give further information including triggers, details of incidents etc:
Self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accidental overdose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Misuse/non-compliance of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abuse from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vulnerability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Substance misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

**Is it safe to visit the Applicant at home?** Yes ☐ No ☐

If no, where is there another safe place?

**Has the Applicant ever been refused support?** Yes ☐ No ☐

If yes, please state why?

**Please provide any other relevant information:**

## **AUTHORISATION**

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

Signed: *(Applicant)*

Date:

Signed: *(Referral Agency)*

Date:

If obtaining a signature was not possible, tick to confirm you have the Applicant's verbal authorisation: ☐

## **CONSENT**

*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 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.

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: *(Applicant)*

Date:

If obtaining a signature was not possible, tick to confirm you have the Applicant's verbal consent: ☐

## EQUAL OPPORTUNITIES

We aim to promote equality and inclusion to ensure fair access to the service in line with the Equalities Act 2010. These questions are used to monitor access to the service and are not used to make decisions on eligibility or allocation. We will not discriminate unlawfully and our Equality Protocol is available on request.

Ethnicity	
<b>Asian</b> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Pakistani <input type="checkbox"/> Indian <input type="checkbox"/> Other	<b>Black</b> <input type="checkbox"/> African <input type="checkbox"/> Caribbean
<b>Chinese or other ethnic group</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Other	<b>Gypsy and Traveller</b> <input type="checkbox"/> Gypsy <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Other
<b>Mixed</b> <input type="checkbox"/> White and Black Carib <input type="checkbox"/> White and Black Afr <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Other	<b>White</b> <input type="checkbox"/> White British <input type="checkbox"/> Eastern European <input type="checkbox"/> White Irish <input type="checkbox"/> White Other
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Not known
Religion/ Belief	
<input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Sikh	<input type="checkbox"/> Buddhist <input type="checkbox"/> Other <input type="checkbox"/> Atheist <input type="checkbox"/> Agnostic <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not known
Marital/Civil Partnership Status	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not known	<input type="checkbox"/> Civil Partnership <input type="checkbox"/> Dissolved Civil Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not known
Gender	Sexuality
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not known	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not known
<b>Pregnant or given birth in the last 6 months?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not known
<b>Disability</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not known
A person is disabled under the Equality Act 2010 if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities.	

**Next Steps:** Please send this form by email, post or fax to:

This referral form is available in large print, other languages and formats upon request.

<b>SUBSTANCE</b>	<b>Past use at height (per day)</b>	<b>Time since most recent use &amp; level of use</b>	<b>Route</b>	<b>Age first used</b>	<b>Most problematic (as seen by applicant)</b>
ALCOHOL					
AMPHETAMINES					
BENZODIAZAPINES					
CANNABIS					
COCAINE					
CRACK					
DF118s					
ECSTASY					
HEROIN					
KETAMINE					
LSD					
METHADONE					
MUSHROOMS					
STEROIDS					
SOLVENTS					
TEMGESICS					
OTHER					

Person to contact in emergency

Address

Tel No

GP Name

Tel No.

Consultant Name

Tel No.

### Other Agency Contacts

Contact

Agency

Tel No.

Contact

Agency

Tel No.

### PREVIOUS HOSPITAL ADMISSIONS

### REFERRAL DECISION MEETING

COMMUNITY FLOATING SUPPORT

Accepted ☐

Not Accepted ☐

Date Accepted

Reasons for Non-acceptance

Date of Referral:

Referring Officer:

Designation:

Please return completed form to:

SHAIID 94a Front Street, Stanley, Co. Durham DH9 0HU

or, scan and email to:

info@shaid.org.uk