

LOOK AHEAD HOUSING & CARE LTD

Project Name
Address/Phone

REFERRAL FORM

Parts I, II, VI must be completed. Parts III, IV, V & VII should be adapted to suit your service

I. PERSONAL DETAILS

Name of Customer(s):	Also known as:
Date of referral:	Name of referrer:
National insurance number:	Date of birth:
Gender: Male / Female	Age:
How does the customer define his/her ethnicity?	
How does the customer define his/her sexuality?	
Does the customer define him/herself as disabled?	
Are translation services required? Yes No Language	
Person to contact for further information:	Chain number <i>(if applicable)</i> :
Contact number:	Customer contact number:
How long have you known this customer?	

II. ID & INCOME

Is the customer employed? YES NO	Is the customer eligible for welfare benefits? YES NO
Please indicate which of the following forms of ID the customer has: Passport (UK or foreign with permanent visa) <input type="checkbox"/> Home Office letter granting indefinite leave to remain <input type="checkbox"/> UK birth certificate <input type="checkbox"/>	
If no boxes ticked, have any of the above been ordered? YES NO*	
<i>*Please note, if sufficient ID to establish benefit entitlement is not available, referral cannot be accepted</i>	
Please indicate which benefit the customer gets:	
JSA <input type="checkbox"/>	Income Support <input type="checkbox"/> Incapacity benefit <input type="checkbox"/>
EMA <input type="checkbox"/>	New Deal <input type="checkbox"/> DLA <input type="checkbox"/>
Other <input type="checkbox"/>	If other please give details

None If none, why not?

If claiming Benefit, which Office?
If funded from an alternative source of income please give written confirmation of funding

III. HOUSING / HOMELESS HISTORY

The following categories should be used when dealing with 'Type of Accommodation' below:

- | | |
|---|---------------------------------|
| A Short stay hostel / night shelter | I Private rented tenancy |
| B Long stay hostel | J Squatting |
| C B&B / hotel | K Sleeping rough |
| D Parental Home | L Hospital |
| E Staying with friends / relatives | M Armed Forces |
| F Local Authority care / children's home | N Prison |
| G Owned own home | O Other |
| H Council / Housing Association tenancy | |

If the accommodation falls outside these categories, please specify.
Please detail all accommodation since last settled base, starting with the current one.

Dates of stay		Address / Postcode	Category A-O	Reason for leaving
From	To			



IV. SIGNIFICANT CONTACTS WITH EXTERNAL AGENCIES

Please indicate whether your customer has had contact with the following:

Where possible letters helpful to support application can be attached with this application.

		Name of worker	Contact Details
Social Worker	<input type="checkbox"/>		
Probation Officer	<input type="checkbox"/>		
Psychiatrist	<input type="checkbox"/>		
Drug Counsellor	<input type="checkbox"/>		
Alcohol Counsellor	<input type="checkbox"/>		
Debt Counsellor	<input type="checkbox"/>		
Occupation Therapist	<input type="checkbox"/>		
Keyworker / Resettlement worker	<input type="checkbox"/>		
GP	<input type="checkbox"/>		
CPN	<input type="checkbox"/>		
YOT Worker	<input type="checkbox"/>		
Other (please specify)	<input type="checkbox"/>		



V. CUSTOMER'S ASSESSMENT

Please tick if any your customer requires support in any of the following areas:

Feeling positive about who I am and what I like to do	
Category	Support Required
Religion	
Hobbies	
Interests	
Free time	
Confidence/self Esteem	
Positive Identity	

Managing where I live	
Category	Support Required
Previous Accommodation	
Rent	
Arrears	

Tenancy agreements	
Neighbours/Community	
Move on	

Developing my skills and finding work	
Category	Support Required
Education	
Training	
Employment	
Voluntary work	
Skills building	

Having the social networks and relationships I want	
Category	Support Required
Family	
Friends	
Social Cirles	
Partners	
Children	
Other relationships	

Keeping myself Safe	
Category	Support Required
Safety in the home	
Safety in the community	
Crime	

Being physically healthy and active	
Category	Support Required
Physical Illness	
Physical health	
Exercise	
Healthy eating	
Life style	

Keeping mentally and emotionally healthy	
Category	Support Required
General well being	
Mood	
Mental health and other related matters	
Diagnosis	
Low level mental health problems	

My relationship with drugs, alcohol and other substances	
Category	Support Required
Drugs use	
Alcohol use	
Previous /future treatment and support	

Organising my life and managing my money	
Category	Support Required
Keeping appointments	
Life structure	
Paying bills	
debt	
bank accounts	
benefits	

Managing any legal issues	
Category	Support Required
Immigration	
Civil proceedings	
Convictions	
Identity documents	

VI. CUSTOMER RISK ASSESSMENT

Please use this space to provide further information regarding potential areas of risk that your customer may have. This information will assist us to identify potential risk and a risk management plan will be implemented should we accept this customer.

People who could be at risk includes: customer themselves, other customers, staff, professionals, visitors, family, children.

Risks should be rated as either; High, Medium or Low.

Risk	History/evidence	Who is at risk	Risk rating	Current or recommended interventions
Self neglect				
Self harm				

Risk	History/evidence	Who is at risk	Risk rating	Current or recommended interventions
Suicide/ suicide attempts				
Risk taking behaviour				
Victim of physical violence/ financial abuse				
Perpretrator of abuse/ harassment				
Inappropriate sexual conduct				
Inappropriate relationships				
Medication				

Mental Health				
Substance use (drugs and alcohol)				
Physical health				
Fire safety related issues				
Violence towards property				
Risk of committing and offence				
Other				

Please give further information and indicate any protective factors and/or interventions to reduce risk:

Your name:	Signature	Date
-------------------	------------------	-------------

VII. PROPOSED ACTION PLAN

Have any long term aims been recommended by referer:

Who will be responsible for move on?

Which project(s), if any, have been targeted for move on?

What steps are needed to ensure this happens?

To be completed by Look Ahead staff ONLY

Referral taken by :
Date:

Checked on CONTEXT (both Supported Housing and Rent system) by:

Previously lived in any Look Ahead accommodation?: **YES** **NO**

If Yes, where and reason for leaving (including arrears / bad debts written off) if appropriate:
.....

Interview appointment (date/time):

VIII. CONFIDENTIALITY CONTRACT

I give my consent for the information that I have given to be shared between Look Ahead Housing and Care Limited and relevant agencies in order to access accommodation and services in relation to my identified needs.

It has been explained that this information will be held on a database, will remain confidential and will not be shared with any other agency without first seeking my permission.

The only exception to this will be where Look Ahead Housing and Care has serious concerns about the personal safety of myself or others. Examples of these concerns include:-

- If staff believed that I am seriously contemplating suicide or self harm
- Where there is a genuine threat of violence against another individual
- Where Staff are summoned by a court order to give evidence

Verbal agreement to consent given: YES / NO

Customer consent signature: **Date:**
.....

Staff signature:

IX. CONFIRMATION OF DECISION

(Circle one)

Applicant accepted

Applicant unsuccessful

Comments:

Manager's signature: _____

Print name: _____

Date: _____