

UNITY SUPPORTED HOUSING REFERRAL FORM

13 Village Road, Bebington, Wirral

Tel: 0843 289 0234

Please type or complete in block capitals with black ink. If a question is not applicable write **N/A** and move on to next question.

DETAILS OF REFERRAL AGENCY			
Date referral made:		Name:	
Organisation:		Position:	
Contact number:		Email address:	
Does the applicant consent to Unity Supported Housing accessing their records from your agency?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sign:	

DETAILS OF APPLICANT			
Name:		Date of birth:	
NI Number:		Age:	
Current address:			
Contact number:		Email:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	Sexual orientation:	<input type="checkbox"/> Heterosexual (Straight) <input type="checkbox"/> Bisexual <input type="checkbox"/> Homosexual (Gay)
Marital status:	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Divorced / Separated <input type="checkbox"/> Other (please specify)		

ETHNIC ORIGIN				
Asian or Asian British	Black or Black British	Chinese or other ethnic origin group:	Mixed:	White:
<input type="checkbox"/> Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> African <input type="checkbox"/> Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> Nigerian <input type="checkbox"/> Somali <input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> Chinese <input type="checkbox"/> Gypsies <input type="checkbox"/> Travellers <input type="checkbox"/> Yemini <input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> White / Asian <input type="checkbox"/> White / Black African <input type="checkbox"/> White / Black Caribbean <input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other (Please Specify)

BELIEF / FAITH / RELIGION	
<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> None <input type="checkbox"/> Other (please specify)

Is the applicant a refugee / asylum seeker: If yes, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant a European National:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is English the applicants first language:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is he applicants preferred language:		
Does the applicant require an interpreter:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have an advocate / friend to translate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NEXT OF KIN			
Name:		Relationship:	
Address:		Contact number:	

APPLICANTS IDENTIFIED SUPPORT NEEDS	
<input type="checkbox"/> Older person with support needs	<input type="checkbox"/> Drug issues
<input type="checkbox"/> Older person with mental health	<input type="checkbox"/> Offending or at risk of offending
<input type="checkbox"/> Mental health issues	<input type="checkbox"/> Domestic violence issues
<input type="checkbox"/> Learning disability	<input type="checkbox"/> HIV / AIDS
<input type="checkbox"/> Physical or sensory disability	<input type="checkbox"/> Rough sleeper
<input type="checkbox"/> Alcohol issues	<input type="checkbox"/> Traveller
<input type="checkbox"/> History of homelessness	<input type="checkbox"/> Abstinence
<input type="checkbox"/> Sex worker	<input type="checkbox"/> Other (<i>please specify</i>)
	<input type="text"/>

PREVIOUS ACCOMODATION			
<input type="checkbox"/> Private tenant	<input type="checkbox"/> Prison	<input type="checkbox"/> Approved probation hostel	
<input type="checkbox"/> Supported housing	<input type="checkbox"/> Bed and breakfast	<input type="checkbox"/> Other temporary accommodation	
<input type="checkbox"/> Hostel / Refuge	<input type="checkbox"/> Staying with friends	<input type="checkbox"/> Other (<i>please specify</i>)	
<input type="checkbox"/> Sheltered housing	<input type="checkbox"/> Living with family	<input type="checkbox"/> NASS Accommodation	
<input type="checkbox"/> Hospital	<input type="checkbox"/> Rough sleeper		
Please give details of where applicant has been residing for the last five years (please use separate sheet if necessary)			
Accommodation type:		Reason for leaving:	
Date moved in:		Date moved out:	
Accommodation type:		Reason for leaving:	
Date moved in:		Date moved out:	

Accommodation type:		Reason for leaving:	
Date moved in:		Date moved out:	

RISK ASSESSMENT

- | | | |
|---|---|--|
| <input type="checkbox"/> Abuse / harassment from others | <input type="checkbox"/> Independent living skills | <input type="checkbox"/> Self-care / hygiene |
| <input type="checkbox"/> Abuse / harassment to others | <input type="checkbox"/> Known risk to children | <input type="checkbox"/> Self-harm |
| <input type="checkbox"/> Accidental harm | <input type="checkbox"/> Mental health concerns | <input type="checkbox"/> Sex working |
| <input type="checkbox"/> Exploitation to others | <input type="checkbox"/> Offending / risk of offending | <input type="checkbox"/> Tenancy sustainment |
| <input type="checkbox"/> Hospitalisation | <input type="checkbox"/> Prescription medication | <input type="checkbox"/> Violence / aggression to public |
| <input type="checkbox"/> Financial management | <input type="checkbox"/> Risk of being exploited | <input type="checkbox"/> Violence / aggression |
| <input type="checkbox"/> Frailty / falls | <input type="checkbox"/> Risk of financial exploitation | <input type="checkbox"/> Other |

Please provide further detailed information (if any) if the above boxes have been ticked:

OFFENDING BEHAVIOUR

- Does the applicant have a criminal history? Yes No
- Please state whether the applicant has ever been convicted of any if the following offences:
- Arson: Yes No
- Schedule 1 offence: Yes No
- Sex offence: Yes No

Please give details of the applicants' criminal offences:

Details of offences including date(s):

Outcome(s) / conviction(s):

- Does the applicant have any cases pending? Yes No

Details of any pending cases:

ACCOMMODATION TYPE REQUIRED

- | | | |
|---|-------------------------------|--------------------------------|
| <input type="checkbox"/> Shared housing (communal living with separate bedroom) | <input type="checkbox"/> Flat | <input type="checkbox"/> House |
|---|-------------------------------|--------------------------------|

Please give details of the number of people that will be living within the property including the age and sex of each person:
 Adults:
 Young people:
 Children:

Is the applicant currently pregnant? Yes No

Please provide details of any areas in which the applicant prefers to live / prefers not to live:

Areas applicant prefers to live:		Areas applicant prefers not to live:	
1 st		1 st	
2 nd		2 nd	
3 rd		3 rd	

Does the applicant have a disability? Yes No

If yes, please provide details of the applicants' disability:

Please provide details if the applicant has any specific access requirements with regards to their disability:

APPLICANTS INCOME

Please provide details of the benefits / income currently received by the applicant:

Is the applicant currently in payment if these benefits? Yes No

REFERENCES

Name:		Name:	
Contact details including telephone number:		Contact details including telephone number:	
In what capacity is		In what capacity is	

the person known to you / client?		the person known to you / client?	
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ADDITIONAL INFORMATION

As discussed above. If you require any further information please do not hesitate to contact me

I hereby confirm that the information provided by me on my referral application form regarding my employment, benefits and housing details is true and to the best of my knowledge.

REFERRAL AGENCY

SIGN:		PRINT:		DATE:	
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APPLICANT

SIGN:		PRINT:		DATE:	
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