Description: Description: Description: cid:6C276246-A48B-40F3-A31E-2C8B26F1F6B2 **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.

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| **DETAILS OF REFERRAL AGENCY** | | | | |
| **Date referral made:** | Click here to enter text. | | **Name:** | Click here to enter text. |
| **Organisation:** | Click here to enter text. | | **Position** | Click here to enter text. |
| **Contact number:** | Click here to enter text. | | **Email address:** | Click here to enter text. |
| **Does the applicant consent to Unity Supported Housing accessing their records from your agency?** | | **Yes  No** | **Sign:** | Click here to enter text. |
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| **DETAILS OF APPLICANT** | | | | | | | | |
| **Name:** | Click here to enter text. | | | **Date of birth:** | | Click here to enter text. | | |
| **NI Number:** | Click here to enter text. | | | **Age:** | | Click here to enter text. | | |
| **Current address:** | Click here to enter text. | | | | | | | |
| **Contact number:** | Click here to enter text. | | | **Email:** | | Click here to enter text. | | |
| **Gender:** | Male  Female  Transgender | | | **Sexual orientation:** | | | Heterosexual (Straight)  Bisexual  Homosexual (Gay) | |
| **Marital status:** | Married  Single  Divorced / Separated | | | Widowed  Civil Partnership  Other (*please specify)* Click here to enter text. | | | | |
| **ETHNIC ORIGIN** | | | | | | | | |
| **Asian or Asian British** | | **Black or Black British** | **Chinese or other ethnic origin group:** | | **Mixed:** | | | **White:** |
| Asian British  Bangladeshi  Indian  Pakistani  Other *(Please Specify)*  Click here to enter text. | | African  Black British  Caribbean  Nigerian  Somali  Other *(Please Specify)*  Click here to enter text. | Chinese  Gypsies  Travellers  Yemeni  Other *(Please Specify)*  Click here to enter text. | | White / Asian  White / Black African  White / Black Caribbean  Other *(Please Specify)*  Click here to enter text. | | | British  Irish  Other *(Please Specify)*  Click here to enter text. |
| **BELIEF / FAITH / RELIGION** | | | | | | | | |
| Buddhist  Christian  Hindu  Jewish | | | | Muslim  Sikh  None  Other (please specify) Click here to enter text. | | | | |

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| Is the applicant a refugee / asylum seeker?:  If yes, please specify:  Is the applicant a European National?:  Is English the applicant’s first language?:  What is the applicant’s preferred language?:  Does the applicant require an interpreter?:  Does the applicant have an advocate / friend to translate?: | Yes  No   |  | | --- | | Click here to enter text. |   Yes  No  Yes  No  Click here to enter text.  Yes  No  Yes  No |

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| **NEXT OF KIN** | | | |
| Name: | Click here to enter text. | Relationship: | Click here to enter text. |
| Address: | Click here to enter text. | Contact number: | Click here to enter text. |

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| **APPLICANTS IDENTIFIED SUPPORT NEEDS** | |
| Older person with support needs  Older person with mental health  Mental health issues  Learning disability  Physical or sensory disability  Alcohol issues  History of homelessness  Sex worker | Drug issues  Offending or at risk of offending  Domestic violence issues  HIV / AIDS  Rough sleeper  Traveller  Abstinence  Other *(please specify)*   |  | | --- | | Click here to enter text. | |

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| **PREVIOUS ACCOMODATION** | | | | | |
| Private tenant  Supported housing  Hostel / Refuge  Sheltered housing  Hospital | | Prison  Bed and breakfast  Staying with friends  Living with family  Rough sleeper | | Approved probation hostel  Other temporary accommodation  NASS Accommodation  Other *(please specify)*  Click here to enter text. | |
| **Please give details of where applicant has been residing for the last five years (please use separate sheet if necessary)** | | | | | |
| Accommodation type: | Click here to enter text. | | Reason for leaving: | | Click here to enter text. |
| Date moved in: | Click here to enter text. | | Date moved out: | | Click here to enter text. |
| Accommodation type: | Click here to enter text. | | Reason for leaving: | | Click here to enter text. |
| Date moved in: | Click here to enter text. | | Date moved out: | | Click here to enter text. |
| Accommodation type: | Click here to enter text. | | Reason for leaving: | | Click here to enter text. |
| Date moved in: | Click here to enter text. | | Date moved out: | | Click here to enter text. |
| **RISK ASSESSMENT** | | | | | |
| Abuse / harassment from others  Abuse / harassment to others  Accidental harm  Exploitation to others  Hospitalisation  Financial management  Frailty / falls | | Independent living skills  Known risk to children  Mental health current / historic  Inpatient Psychiatric stays  Offending / risk of offending  Prescription medication  Risk of being exploited  Risk of financial exploitation | | Self-care / hygiene  Self-harm  Sex working  Tenancy sustainment  Violence / aggression to public  Violence / aggression  Other | |
| ***Please provide further detailed information (if any of the above boxes have been ticked). If there is any current or historic mental health please also provide detailed information.***  Click here to enter text. | | | | | |

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| **OFFENDING BEHAVIOUR** | | | |
| Does the applicant have a criminal history? | Yes | | No |
| Please state whether the applicant has ever been convicted of any of the following offences: | | | |
| Arson: | Yes | No | |
| Schedule 1 offence: | Yes | No | |
| Sex offence: | Yes | No | |
| Please give details of the applicant’s criminal offences: | | | |
| Details of offences including date(s): Click here to enter text. | | | |
| Does the applicant have any cases pending? | Yes | | No |
| Details of any pending cases:  Click here to enter text. | | | |

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| **ACCOMMODATION TYPE REQUIRED** | | | | | | |
| Shared housing (communal living with separate bedroom) | | Flat | | | | 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: Click here to enter text. | | | | | | |
| Young people: Click here to enter text. | | | | | | |
| Children: Click here to enter text. | | | | | | |
| 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: | | |
| 1st | Click here to enter text. | | | 1st | Click here to enter text. | |
| 2nd | Click here to enter text. | | | 2nd | Click here to enter text. | |
| 3rd | Click here to enter text. | | | 3rd | Click here to enter text. | |
| Does the applicant have a disability? | | | Yes | | | No |
| If yes, please provide details of the applicants’ disability: | | | | | | |
| Click here to enter text. | | | | | | |
| Please provide details if the applicant has any specific access requirements with regards to their disability: | | | | | | |
| Click here to enter text. | | | | | | |

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| **APPLICANTS INCOME** | | |
| ***Please provide details of the benefits / income currently received by the applicant:***  Click here to enter text. | | |
| Is the applicant currently in payment of these benefits? | Yes | No |

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| **REFERENCES** | | | |
| Name: | Click here to enter text. | Name: | Click here to enter text. |
| Contact details including telephone number: | Click here to enter text. | Contact details including telephone number: | Click here to enter text. |
| In what capacity is the person known to you / client? | Click here to enter text. | In what capacity is the person known to you / client? | Click here to enter text. |

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| **ADDITIONAL INFORMATION** |
| As discussed above. If you require any further information please do not hesitate to contact me  Click here to enter text. |

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| ***I hereby confirm that the information provided by me on my referral application form regarding my employment, benefit, health, criminal justice, and housing details is true and to the best of my knowledge.***  ***By signing below you are also giving Unity Supported Housing consent to contact other support agencies/professionals that you are currently or have historically engaged with. E. G. Probation, Mental Health practitioners etc.*** |

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| **REFERRAL AGENCY** | | | | | |
| **SIGN:** | Click here to enter text. | **PRINT:** | Click here to enter text. | **DATE:** | Click here to enter text. |
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| **APPLICANT** | | | | | |
| **SIGN:** | Click here to enter text. | **PRINT:** | Click here to enter text. | **DATE:** | Click here to enter text. |