 **UNITY SUPPORTED HOUSING REFERRAL FORM**

Unit 6, Price St Business Centre, Birkenhead, Wirral, CH414JQ

Tel: 0843 289 0234

Send to: **referrals@unity-housing.co.uk**

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

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| Click here to enter text. |

[ ]  Yes [ ]  No[ ]  Yes [ ]  NoClick 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)*

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| 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. |

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