

TAMESIDE COMMON REFERRAL FORM
FOR ACCOMMODATION BASED SUPPORT SERVICES

1. DETAILS OF REFERRAL AGENT

THA Officer name:		SPA Officer Name:	
Contact No:		Email:	Date:

2. DETAILS OF APPLICANT AND HOUSEHOLD

Name of Applicant:		Telephone No:	
Current Address:		Tameside Connection:	Yes / No
NI No:		Religion:	
Interpreter	Y / N	Language:	

Name	Age	Sex M / F	Relationship to Applicant	Disabled Y / N / Don't Know	Key Relationship to Applicant: P = Partner C = Child X = Other
Applicant					
Is anybody in the household pregnant? Y / N					If yes, how many weeks?

Please tick all that apply if disabled		Mobility	Mental Health	Visual Impairment
Learning Disability	Hearing Impairment	Does not wish to disclose		Other

Ethnic origin as defined by client		White British	White Irish	White & Black Caribbean
White & Black African	White / Asian	Indian	Pakistani	Bangladeshi
Caribbean	African	Chinese	Refused	Other

Current Situation / Client Group tick as applicable		Older people with support needs
Older people with mental health	Frail elderly	Mental health problems
Learning difficulties	Physical or sensory disability	Single homeless with support needs
Alcohol problems	Drug problems	Offenders or at risk of offending
Mentally disordered offenders	Young people at risk	Young people leaving care
Refugees	Teenage parents	Rough sleeper
Traveller	People with HIV / Aids	Generic
Women at risk of domestic violence	Homeless families with support needs	Physical Disability

3. SUPPORT NEEDS

Support Needs Identified	Y / N	Details
Maximising income / debt management		
Training, education, employment: If unemployed what is usual line of work? What steps are being taken currently to obtain work?		
Leisure, cultural, faith, informal learning activities		
Primary health care, mental health or drug / alcohol services		
Accommodation issues		
Compliance with statutory orders		
Safeguard from harm: avoiding self-harm, causing harm to others or caused by others		
Independent living skills – list any previous courses/support undertaken for this		
More involvement and control within the wider community		
Social isolation / contact with family and friends		
Other concerns raised: by applicant/officer or from current situation/Information provided.		

4. RISK ASSESSMENT

Does the applicant have history of:	Y / N	Details – If Yes, Complete in all cases.	
		LOW/MED/HIGH	Triggers, Potential victims etc.
Violence / aggressive behaviour			
Self-harm / suicide/mental health formal diagnosis			
Drug / alcohol misuse			
Child protection issues			
Sexual or schedule 1 offences			
Criminal convictions / offences			
Self-neglect/neglect of others			

Anti-social behaviour			
Damage to property			
Neighbourhood problems			
Arson			
Rent arrears			
Any other			
Is the applicant at risk of harm from others? If yes please state who and provide details			
Should any precautions be taken into account when interviewing the applicant in addition to those normally taken in relation to H & S and safety good practice			

5. OTHER AGENCY INVOLVEMENT

Name of Agency	Contract Name and Telephone Number	Currently Involved	
		Yes	No

6. ANY OTHER RELEVANT INFORMATION (please specify if you have attached any additional information to this form – for example a Probation Service risk assessment)

7. PREVIOUS 5 YEAR ADDRESS HISTORY (Including supported accommodation)

Address	Dates/duration	Tenure	Landlord Details	Reason for leaving/Arrears/ASB

8. DECLARATION / AUTHORISATION

Applicant

- o I give my consent to the disclosure of this information for housing purposes.
- o I give my consent to the disclosure of the disclosure of any supplementary information attached for housing purposes.
- o I give my permission for the outcome of this referral to be explained to the referral agency.
- o I agree to participate in a Support Package, including Assessments and Support Plans.
- o I would / would not like a copy of this referral form.

Applicant's Signature..... Date.....

Referring Agent

The information provided here is based on information available on the date of completing this form. I am satisfied that this referral is appropriate to the applicant's identified needs and risk and I have completed this form to the best of my knowledge.

Signature of Person Making Referral Date.....

Position in Organisation

7. REFERRALS MADE TO THE FOLLOWING ACCOMMODATION BASED SUPPORT SERVICES

List of all services you are making a referral to: Low/High/Activity	Date referral sent

8. SUPPORTING DOCUMENTS ATTACHED:

List Document/number of pages/and source.	Date documents sent

NB: Applicants with priority should always be allocated above those with no priority regardless of this assessment.