



Referral Document

Referrer Name		Referrer Contact Details	
Referral Form Date Completed:		When does the client require Accommodation from?	
Client Title & Name			
Date of Birth		NI Number	
Gender (is this the same gender from birth? Y/N)		Contact Number	
NOK Contact Details		Consent to Contact in emergency? Y/N	
Nationality & Ethnicity		Religion	
Current Address (or care of address)			
Which area does this individual wish to be accommodated in Supported Accommodation?			
Where are the individuals Local Connection? Is this different from the request for Supported accommodation?			
Does the client have any location restrictions due to probation conditions or safety concerns?			
What is the client's first language? If not English, is a translator needed?		Does the client need support to read or/and write?	
Does the customer have any dependent children?		Is the client pregnant?	

CURRENT HOUSING SITUATION

Examples: Entrenched Rough Sleeper | In danger of rough sleeping | Access to settled accommodation | Sofa surfing | Other (please provide details)

Are the Council/Homeless duty team aware? If aware, please provide details of response/action plan

Please State the client's previous addresses in the past 5 years

--

FINANCES

What benefits are in place? How much do they get and when? When did they apply? Please include as much information as possible.

Examples: [Universal Credit](#) | [PIP](#) | [ESA](#) | [Attendance Allowance](#) | [Carers Allowance](#) | [DLA](#) | [Pension Credit](#) | [JSA](#) | [HB](#)

If the client receives Universal Credit, is this a journal account or PES account?	
If no benefits in place, has the client started a claim? If not, please detail why	
Does the client have recourse to public funds?	
Does the individual work? If yes provide all details of work, hours, and approximate monthly income.	

IDENTIFICATION

To complete the client's Housing Benefit claim, identification and supporting documents are mandatory upon move in. Please confirm if you have seen these documents/the client has access to these documents.

Benefit Award Letter Yes <input type="checkbox"/> No <input type="checkbox"/>	Birth Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>
Recent Bank Statement Yes <input type="checkbox"/> No <input type="checkbox"/>	Probation License Yes <input type="checkbox"/> No <input type="checkbox"/>
Photographic Identification Yes <input type="checkbox"/> No <input type="checkbox"/>	Other forms of ID Yes <input type="checkbox"/> No <input type="checkbox"/>

SUPPORT NEEDS

What accommodation/support does the client require now? Tick all that apply.	Emergency Provision	<input type="checkbox"/>	Single Occupancy (Supported)	<input type="checkbox"/>
	Share Accommodation (Supported)	<input type="checkbox"/>	Ground Floor	<input type="checkbox"/>

Please explain why the chosen accommodation is suitable for the client

Have any Safeguarding concerns been raised within the last 12 months? For examples, domestic abuse, financial abuse, exploitation, physical abuse, cuckooing, trafficking, offending, self-harm, self-neglect, suicide attempts, missing persons. If yes, please describe below:

--

How much support does the client require? Tick all that apply

Physical Health	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Mental Health	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Drug Use	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Alcohol Use	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Learning Disability	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Ex-Offender/Risk of Offending	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Motivation/Taking Responsibility	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Self-Care/Living Skills	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Managing Money	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Social Networks/Relationships	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Maintaining Accommodation	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Has the client ever sustained accommodation? Was this supported or independent?			
Has the client ever been evicted from a property?			
Has the client got a history of damaging property?			
Has the client got any previous debt that impacts ongoing placements?			
Does the client have a history of threatening or intimidating behaviors towards professionals?			
Does the client have a history of threatening or intimidating behaviors towards other clients?			
Does the client have any criminal convictions or cautions (spent or pending). Includes but not limited to Arson, Sexual Offences, Theft, Burglary, ASB, GBH			
Does the client have a restraining order against them or another person? Please give full details.			
Is the client a victim of abuse or harassment, or have a history of abuse or harassment?			
Does the client have problems with substance misuse? If so, are they working with any relevant agencies? Are they taking (or should be taking) any medication related to their substance misuse?			

Additional information that you think Allium Housing need to know:

--

MENTAL HEALTH NEEDS

Does the individual have any mental health needs? Please give details of diagnosis and prescriptions (please include if the individual is prescribed but not taking medication)

--

Is there a current/historical threat to self-harm? Has the individual attempted suicide in the last 12 months? Y/N Give details below:

--

Does the client have a CPN or mental health worker?

--

PHYSICAL HEALTH NEEDS

Does the client have Physical Health Needs? If yes, please give relevant details below, for example, any diagnosis and medications to be taken (also include if medication is prescribed but not taken)

--

Does the individual have a long-term health condition? For example, diabetes, arthritis, asthma, epilepsy? If so, has the client been able to access healthcare in the last 6 months?

--

Please state in your own words why you believe the above client will benefit from supported accommodation.

--

Data Protection and Consent

Please ensure you have read and understood the below:

- I have been given consent from the client to obtain the above information and share with the relevant providers.
- I have been given consent from the client to record personal information about them. All the information I have given is accurate to my knowledge and I understand that I withhold information the client's referral can be declined knowledge.

Referrer's Signature

Date

Please ensure client has read and understood the below:

- I understand that you may need to collect the information from my referral with professionals in other organisations, such as health services, housing services or voluntary organisations, to make sure that I can get the help I need.
- I am giving you my permission to share the information in my referral for this purpose.
- I give consent to record personal information about me for this purpose.

- I understand that if I have withheld information my application can be declined.
- I have read and understood the above, and all the information given on my referral form is accurate to the best of my knowledge.

Client's Signature

Date

Thank you for taking the time to complete this referral. Please send directly to our referrals team at operations@alliumhousing.co.uk. You should hear back from us within 48 hours.

Should you not provide adequate or accurate information about this referral, the application will not be considered.