**Homelessness referral form** 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact assessment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | Forename(s): | | | | | | | | | | | | | | | | | | | | | | | Joint application: Y / N | | | | |
| Address: | | | | | Address from which being asked to leave or has been evicted from:  : | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth: | | | | | | Age: | | | | | | | | Gender: | | | | | | | | | | | | NI no: | | | | | | |
| Ethnicity: | | | | | | | | | Interpreter required: Y / N | | | | | | | | | | | | | Language: | | | | | | | | | | |
| Does client consider themselves to have a disability? Y / N | | | | | | | | | Sexuality: | | | | | | | | | | | | | Religion: | | | | | | | | | | |
| Telephone Number: | | | | | | | | | Homeless ref: | | | | | | | | | | | | | Housing register ref: : | | | | | | | | | | |
| **Source of Referral** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral agency |  | | | | | | | | | | | | | | | | Name of assessor/  support worker | | | | | | |  | | | | | | | | |
| Date of assessment/  referral |  | | | | | | Contact tel: | | | | | |  | | | | | | | Email: | | | | |  | | | | | | | |
| **Brief description of applicant’s presenting problems, difficulties or concerns** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical history** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recent medical / hospital admission: | | | Yes | | | | |  | | | No |  | | | Has there been a mental health diagnosis? | | | | | | | | | | | | | Yes |  | No |  | |
| **Involved professional(s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency** | | **Contact name** | | | | | | | | | | | | | | | | **Location** | | | | | | | | | | | | | | |
| **GP:** | | | | | | | | | | | | | | | **Dentist:** | | | | | | | | | | | | | | | | | |
| **Emergency Contact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Identified support needs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Learning disability | | | |  | | | | | Drugs misuse | | | | | | | | | |  | | | Budgeting skills | | | | | | | | | |  |
| Mental health | | | |  | | | | | Alcohol misuse | | | | | | | | | |  | | | Life skills | | | | | | | | | |  |
| Ex offender | | | |  | | | | | Care leaver | | | | | | | | | |  | | | Domestic violence | | | | | | | | | |  |
| Sex working | | | |  | | | | | Other vulnerable person | | | | | | | | | |  | | |  | | | | | | | | | | |
| **Comments / Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other factors to consider** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical disability | | | |  | | | | | Mobility | | | | | | | | | |  | | | Sensory impairment: | | | | | | | | | |  |
| Literacy | | | |  | | | | | Communication needs | | | | | | | | | |  | | | Cultural/spiritual considerations | | | | | | | | | |  |
| **Comments / Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Household members** | | | | | | | | | | **Date of birth** | | | | | | | | | | | | | **Relationship to applicant** | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |
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|  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |
| Is anyone within the household pregnant: | | | | | | | | | | Detail: | | | | | | | | | | | | | Due date: | | | | | | | | | |
| Does the applicant have pets? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current accommodation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Own tenancy | | | |  | | | | | Living with friends / relatives | | | | | | | | | |  | | | Living with partner | | | | | | | | | |  |
| Owner occupier | | | |  | | | | | Supplied with employment | | | | | | | | | |  | | | Supported accommodation | | | | | | | | | |  |
| Hostel | | | |  | | | | | Hospital | | | | | | | | | |  | | | Prison | | | | | | | | | |  |
| Rough sleeper | | | |  | | | | | No fixed abode | | | | | | | | | |  | | | Other | | | | | | | | | |  |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Details for Landlord: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| When does applicant need to leave accommodation | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Brief address history (5 Years)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address** | | | | **Dates (time there)** | | | | | | | | | | | | **Landlord/relative** | | | | | | | | | | | **Reason for leaving** | | | | | |
| **Current employment / education** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employed | | | |  | | | | | Unemployed | | | | | | | | | |  | | | Engaging in training / education | | | | | | | | | |  |
| Detail: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Income (inc. claims) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Risks arising** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication management | | | |  | | | | | Social isolation | | | | | | | | | |  | | | Self neglect | | | | | | | | | |  |
| Mental ill health | | | |  | | | | | Self harm | | | | | | | | | |  | | | Suicide | | | | | | | | | |  |
| Vulnerability | | | |  | | | | | Physical health | | | | | | | | | |  | | | Falling | | | | | | | | | |  |
| Risk to children | | | |  | | | | | Violence towards others | | | | | | | | | |  | | | Domestic violence (to applicant) | | | | | | | | | |  |
| Accidental fire setting | | | |  | | | | | Arson | | | | | | | | | |  | | | Other | | | | | | | | | |  |
| **Comments / details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The information on the contact assessment form will be shared in it’s entirety with accommodation providers, for the purpose of assisting to resolve the applicant’s housing issues and accommodation needs. By signing this form, you agree to the sharing of this information for the intended purpose.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of applicant: | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | | | | | |
| Signature of assessor: | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | | | | | |

**Homelessness – risk assessment** (to be completed by probation/resettlement)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Supervision** | | | | | | | | | | | | | | | | | |
| Supervising officer: | | | | | | | | Team location: | | | | | | | | | |
| Office address: | | | | | | | | Telephone: | | | | | | | | | |
| **Offender status** | | | | | | | | | | | | | | | | | |
| On bail |  | | Community supervision | |  | General offender | |  | | MAPPA level | |  | | Prison no. | |  | |
| **Requirements** | | | | | | | | | | | | | | | | | |
| Licence or community order requirements | | | | |  | | | | | | | | | | | | |
| Length of order | |  | | | Date imposed | |  | | | Expiry date |  | | | | Date of release | |  |
| **Assessment of risk** | | | | | | | | | | | | | | | | | |
| Current offences | | | | |  | | | | | | | | | | | | |
| Details of all relevant offending history with dates | | | | |  | | | | | | | | | | | | |
| Victim issues | | | | |  | | | | | | | | | | | | |
| Excluded areas | | | | |  | | | | | | | | | | | | |
| **Level of risk** | | | | | | | | | | | | | | | | | |
| Level of risk of harm to others | | | |  | | | | | Level of risk of harm to self | | | |  | | | | |
| Details of risk | | | |  | | | | | | | | | | | | | |
| Risk to children?\* | | | |  | | | | | Sex offender?\* | | | |  | | | | |
| \*If yes, please provide details | | | |  | | | | | | | | | | | | | |

**Feedback on referral:**

:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unable to make contact |  | Attended assessment |  | Refused engage with PHP |  |
| Refused to engage with services |  | Refused offer of supported accommodation |  | Refused offer of private rented accommodation |  |
| Housed in private rented accommodation |  | Housed in supported accommodation |  | Housed in temporary accommodation |  |
| Did not meet the criteria for homeless assistance (please state below why) |  | Prevented homelessness. |  | Referred to another authority |  |
| Other | | | | | |

|  |
| --- |
| Additional feedback |