

## Referral Form

Supporting Lives provide short term (up to 2 years) accommodation for people who are currently or about to become homeless, or are unsuitably housed and who have some support needs. A detailed assessment of the support required is important to ensure that the level of support that is available is going to be right for someone before they are offered accommodation.

To be offered accommodation the applicant should be able to demonstrate:

- That they are vulnerable and require support
- That the support that they require can safely be met by the support that is available
- That they have the right to remain in UK
- That they have (or will have) sufficient income to afford the property

### Referring Agency Details

<b>Date of Referral</b>	
<b>Referral Agency Name</b>	
<b>Contact Name</b>	
<b>Telephone Number</b>	
<b>Email</b>	
<b>How long have you been working with this individual?</b>	



## Client Details (Failure to disclose any information may result in the client being refused)

<b>Name</b>	
<b>Date of Birth</b>	
<b>Contact Telephone Number</b>	
<b>How long has your client been homeless?</b>	
<b>Tell us about their housing history — what was the reason for them leaving their last settled base? Have they ever been evicted? If so, what were the circumstances?</b>	
<b>Are they in receipt of benefits? If so, which benefits?</b>	
<b>Have they ever had any involvement with the police? Have they had any convictions? If so, what and when?</b>	

## Health and Wellbeing

<b>Do they have any mental health problems? If so, are they taking any medication or receiving any treatment?</b>
<b>Do they have any physical health problems? If so, are they taking any medication or receiving any treatment?</b>
<b>What is their current alcohol / substance use? Please include details of amounts, route of administration, opiate substitute medication and any information regarding the circumstances of previous periods of abstinence.</b>



## Risk Assessment

Please give as much information as possible regarding circumstances and time frames to support us in managing risk as effectively as possible.

<b>Is your client at risk of harm to self? Factors which make the client vulnerable e.g. self harm, suicidal ideation.</b>	<b>Level: High / Medium / Low</b>
<b>Give Reason(s)</b>	
<b>Is your client at risk of harm to others? Factors that put others at risk from the clients actions or behaviour.</b>	<b>Level: High / Medium / Low</b>
<b>Give Reason(s)</b>	

## Partnership Working

<b>Please state what support your organisation can continue to offer this client if they are accepted into accommodation, if any?</b>					
<b>Does your organisation offer any of the following support groups or workshops? If yes, please provide details below?</b>					
<b>Recovery (drugs and / or alcohol)</b>	<b>Yes</b>	<b>No</b>	<b>Sustaining Tenancy</b>	<b>Yes</b>	<b>No</b>
<b>Health and Wellbeing</b>	<b>Yes</b>	<b>No</b>	<b>Volunteering</b>	<b>Yes</b>	<b>No</b>
<b>Mental Health</b>	<b>Yes</b>	<b>No</b>	<b>Other — Please state</b>		
<b>Welfare, Benefits and Employment</b>	<b>Yes</b>	<b>No</b>			

<b>Print name (agency staff)</b>	
<b>Signed by (agency staff)</b>	
<b>Date</b>	

