

**REFERRAL FORM**

This form must be completed by the appropriate professional who is providing this referral: e.g. Social worker, Doctor, Care Coordinator etc. Please provide as much detailed information as possible.

**Have you attached a risk assessment or care plan?** Yes  No

**Has the consent form been signed by the client?** Yes  No

**R E F E R R A L A G E N C Y / P R O F E S S I O N A L D E T A I L S**

|  |  |  |
| --- | --- | --- |
| **Date of referral** |  | |
| **Full name of referrer** |  | |
| **Agency / Office** |  | |
| **Position** |  | |
| **Contact Number** |  | |
| **Email** |  | |
| **Address** | **Line 1** |  |
| **Line 2** |  |
| **Town** |  |
| **County** |  |
| **Postcode** |  |

**Are you requesting Claremont Living to provide supported accommodation for this individual?**

**If no**, our services may not be appropriate for the individual. Housing from 'General Landlords' may be more appropriate.

**If yes**, please proceed with this application.

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**D E T A I L S O F M A I N A P P L I C A N T**

|  |  |  |
| --- | --- | --- |
| **Name** |  | |
| **Date of birth (dd/mm/yyyy)** |  | |
| **Gender** |  | |
| **Address** | **Line 1** |  |
| **Line 2** |  |
| **Town** |  |
| **County** |  |
| **Postcode** |  |
| **Country** |  |
| **Local authority** |  | |
| **Mobile number** |  | |
| **Email address** |  | |
| **National Insurance No.** |  | |

**Contact preferences**

Direct contact only Yes  No

**Immigration Status(Pleas tick)**

UK National

Other EU National

Indefinite / leave to remain

**Are you living with a disability?** Yes  No

**If yes, please define the nature of the disability:**

**E Q U A L O P P O R T I N U T I E S M O N I T O R I N G**

**Please tick:**

**White:**

British  Irish

Other (please specify)

**Mixed:**

White/Black Caribbean  White/Black African  White/Asian

Other (please specify)

**Black/Black British:**

Caribbean  African

Other (please specify)

**Asian/Asian British:**

Pakistani  Bangladeshi  Indian

Other (please specify)

**Chinese**

**Other ethnic group (please specify)**

**Is the person you are referring able to understand and communicate English?** Yes  No

**If no, please what the service user’s main method of communication**

**Does the person you are referring require any of the following?**

An interpreter of the same sex Yes  No

A support worker of the same sex Yes  No

Special equipment Yes  No

**CURRENT ACCOMMODATION**

**Please tick as appropriate:**

Is the service user currently in permanent accommodation? Yes  No

Is this owner occupied accommodation? Yes  No

Is the person you are referring council tenant? Yes No

Is the person you are referring living in a shared house? Yes  No

Is the person you are referring a housing association tenant? Yes  No

Is the person you are referring staying with friends? Yes  No

Is the person you are referring staying in a bed and breakfast? Yes  No

Is the person you are referring homeless? Yes  No

Other (please specify)

**SOCIAL STATUS**

**Please tick:**

The person you are referring is single and lives alone

The person you are referring lives with family

The person you are referring is lives with partner with no dependents

The person you are referring is a single parent

The person you are referring lives as a family with dependents

**N A T U R E O F R E F E R R A L**

**Nature of Referral:**

**I N C O M E / B E N E F I T S**

**If the person you are referring is employed, please state the annual income.**

**Is the person you are referring receiving a pension?**  Yes No

**If the person you are referring is receiving a pension, please check the box next to the correct pension type.**

State

Pension Credit

**Is the person you are referring receiving housing benefit?** Yes No

**If the person you are referring is receiving housing benefit, what is your housing benefit reference number?**



**Is the person you are referring receiving jobseekers allowance?** Yes No

**Does the person you are referring receive employment and support allowance?** Yes  No

**Is the person you are referring receiving Universal Credit?** Yes No

**Is the person you are referring receiving PIP?** Yes No

**Is the person you are referring receiving income support?** Yes No

**Does the person you are referring receive tax credits?** Yes  No

**Does the person you are referring receive attendance allowance?** Yes  No

**Is the person you are referring receiving disability allowance?** Yes No

**If the person you are referring is receiving a disability allowance, please check the box next to the correct type.**

Mobility

Care

**Is the person you are referring receiving incapacity benefit?**  Yes No

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**CURRENT HEALTH STATUS**

**Is the person you are referring registered with a GP?** Yes No

**Please give brief details of current health status including medication, mental health and physical health where appropriate:**

**CRIMINAL CONVICTIONS**

**Does the person who you are referring have any criminal convictions?** Yes No

**Release date if person is in custody \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If the person you are referring has criminal convictions please specify:**

**Current Offence:**

**Previous Offences:**

**PPO**  **MAPPA** **PO** **SO**

**ARSON OFFENCES** **VIOLENT OFFENCES  CRIMINAL DAMAGE**

**R I S K M A N A G E M E N T**

**Please check the boxes next to the areas which the person you are referring has displayed a risk and enter further details in the Risk information section below as appropriate.**

Self-harm  Risk to others

Suicide  Risk from others

Psychological  Risk to staff

Substance abuse  Social/Relationships

Relapse  Risk to children

Overdose  Damage to Buildings/Equipment

Other

|  |  |
| --- | --- |
|  | **Please give further information about the risk area(s) highlighted above where you have/the person being referred has displayed a risk.** |

**Other recorded events of significance relating to tenancy/properties (e.g. causing fire damage or property damage).**

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**D A T A P R O T E C T I O N AND C O N S E N T**

All documented information is kept strictly confidential under the Data Protection Act (1998). With your consent, the personal details provided may be shared with external professional agencies that assist in the assessment and/or provision of service and also as part of any statutory duties requiring such disclosure.

**Our Data Protection commitment**

* Where possible Claremont Living will collect information from the you directly
* Claremont Livingwill be fair in the way we collect information about you
* Claremont Livingwill tell you what we intend to do with your information
* Claremont Livingwill only collect relevant information
* If Claremont Livingcollect information about you from another agency we will inform you

**Please confirm the following as they are a requirement for accessing your application with Claremont Living.**

I am a UK resident/have the Legal Right to remain status

I am living in Birmingham city council area

I have agreed to the referral to Claremont Living

I understand Claremont Living’s Data Protection commitment

I am over the age of 18

**Client’s name**

**Client’s signature: Date**

I (the referrer) confirm that the client has consented to this referral and understand the requirements for accessing the Supporting People Programme and Claremont Living

**Referrer’s signature**



**CLAREMONT LIVING USE ONLY**

**Date referral received**

**Referral Received by Position**

**Date needs assessment completed**

**Date risk assessment completed**

**Start date of client’s service**

**Support worker appointed**

**Referral actions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Action** | **Name** | **Signed** |
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