

**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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