



REFERRAL FORM/ RISK ASSESSMENT

Please note that Housing Associations do not always house applicants on the day of referral. The process can take up to three working days. However it can on occasions be processed more quickly.

This form should be completed by the person making the referral i.e. Key Worker, Social Worker, in consultation with the person applying for Tenancy Support.

This form must be completed in full and if the answer to any question is 'yes' full details must be given. If the space allocated is not enough please continue on a separate sheet(s).

REFERRER DETAILS

Name of referral organisation/agency:	
Agency address	
Telephone Number:	Email address
Fax Number	
Name of person completing referral:	
Position in organisation:	
Signature:	
Date:	
Does the applicant have any support needs Yes/No	
If no then Prospect Housing will not accept the referral as we are a supported housing provider only.	
Please tick the appropriate boxes below to identify the applicants primary and secondly needs.	
Primary Need	
At Risk of Homelessness <input type="checkbox"/> Rough Sleeper <input type="checkbox"/> Offending Behaviour <input type="checkbox"/> Substance Misuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Young Person <input type="checkbox"/> Care Leaver <input type="checkbox"/> Refugee Status <input type="checkbox"/>	
Secondary Needs	
At Risk of Homelessness <input type="checkbox"/> Rough Sleeper <input type="checkbox"/> Offending Behaviour <input type="checkbox"/> Substance Misuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Young Person <input type="checkbox"/> Care Leaver <input type="checkbox"/> Refugee Status <input type="checkbox"/>	
Please complete Appendix 1 to list their individual support needs	



APPLICANT DETAILS

Name of applicant			
Any other names applicant has used:			
Current address of applicant(s)			
Post Code			
Applicants contact number			
Why is this person Homeless please specify below:			
Is there another address where the applicant can be contacted Yes/No			
Address:			
Post Code			
DOB: National Insurance Number:			
Nationality: Language spoken:			
Please state below what income the applicant is currently receiving:			
Type of Income	Amount Paid	How Often	Day Received
Is the applicant currently receiving Housing Benefit: Yes/No			
If not why?			
Is the applicant eligible for housing benefit			Yes / No
Next of Kin:			
Address:			
Telephone No:			

Relationship to applicant

Has the applicant ever previously been responsible for a tenancy/licence agreement
Yes/No

If so name of Landlord/s addresses/dates

Has the applicant got any rent arrears Yes/ No

If so how much £

Name of landlord /address /datesof residency

Has the applicant ever been evicted from a propertyYes/No

If so name of Landlord/saddress / dates / reasons

Has the applicant got any physical health needs?Yes / No

If Yes please give details

Has the applicant got any mental health needs?Yes / No

If Yes please give details including any involvement with Mental Health services

Does the applicant currently misuse substances such as alcohol or drugsYes / No

If Yes please give details including any involvement from other services:

Is the applicant on any medication? Yes/ No

If Yes give details:

Does the applicant have a learning disability Yes / No

If Yes give details including any involvement from other services:

Has the applicant got any Criminal Convictions? Yes/No

If "Yes" give details of any current or previous convictions including approximate date/s and any involvement/conditions from probation /YOS services

Are there any other agencies involved with this applicant (Please Specify)

Name of Agency:

Telephone Number:

Contact Person

Are there any other external agency risk assessments in place Yes /No

If yes please attach and return with referral application

Referral Risk Assessment

Potential Risks	Risks Identified		Further Details	
	Yes	No	Detailed Information	What triggers the risks
Know associates				
Personal safety				
Insufficient service provision				
Risk to applicant from the community				
Risk to applicant from other residents				
Self Neglect				
Self harm				
Suicidal thoughts how often?				
History and dates of attempted suicides				
Substance Misuse - Drugs and/or Alcohol (<i>a more in-depth substance misuse risk assessment will take place if client is accepted</i>)				
Vulnerabilities/ Abuse <i>Could the applicant be unable to protect him/herself from harm or exploitation?</i>				

Potential Risks	Risks Identified		Further Details	
Debt/budgeting issues				

Risks to other residents within Supported Housing	Yes	No	Detailed Information	What Triggers The Risks
Health and Safety				
Risk of violence / abuse				
Risk of psychological abuse				
Offending behaviour				
Known associates				
Potential conflict				

Risks to Staff	Yes	No	Detailed Information	What triggers the risks
Previous offences against staff including harassment victimisation and intimidation				
Risk of Injury to staff				

Risks to scheme /service	Yes	No	Detailed Information	What triggers the risks
Has the applicant any history of any property damage				

Risks to Community	Yes	No	Detailed Information	What triggers the risks
Offending Behaviour including violence				
Health and safety (e.g. Noise, needles etc.)				

Risk of harassment / victimisation				
Know associates				

Privacy Notice

The GDPR is a new EU Data Protection Law, which will determine how people’s personal data is collected, processed, kept safe and the legal rights individuals have in relation to their own data.

We have a Data Protection system in place to oversee the effective and secure processing of your personal data. The information we collect comprises both sensitive and non-sensitive data including (but not limited to) name, date of birth, phone number, national insurance number, next of kin, ethnicity, religious beliefs, physical/mental health, sexual orientation, offending behaviour/criminal convictions, medical conditions and any safeguarding concerns/vulnerabilities.

Prospect Housing collects information from a variety of sources including third party referral forms and telephone conversations, license agreements and through ongoing support activity with you and with other agencies involved in supporting you in order to meet our contractual obligation to provide suitable housing and a range of support services to you. This may include homeless organisations, probation services, the police or other authorities. We will be the data controller for personal data that you provide to us. We may also have CCTV cameras in communal areas in some properties in order to prevent anti-social behaviour. We will not sell or share your data with any unrelated third parties.

We need to collect and store some of this information in order to understand and assess your housing and support needs so that we can provide appropriate and targeted support to you. This may include referrals for people with disabilities, substance misuse, mental health, offending behaviour or other vulnerabilities. We may share this information with a third party to fulfill our contract, who will act as the data processor in order to provide you with suitable and appropriate support services and with who we have a data sharing agreement or have a legal obligation.

Your personal data will be kept on file by us and only used to provide you with a range of supported housing services. We will not collect any personal data from you we do not need in order to provide and manage this service to you. We will assume that you provide us with any next of kin/contact information with their knowledge and consent and will only use this information appropriately or in an emergency.

We will only keep your information for as long as is reasonable, in line with relevant regulation and contractual obligations to our regulators. Under the Data Protection Law you have the right to access your personal data held by us, to request erasure of data and to correct any inaccuracies in that information.

Equal Opportunities Monitoring

Gender

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>
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Do you have a religion/faith (please tick one)

None Christian (all denominations) Buddhist Hindu Jewish Muslim

<input type="checkbox"/> Sikh <input type="checkbox"/> Other (please write) <input type="checkbox"/> Question refused prefer not to say	
Ethnic Group (please tick one)	
White: <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> European <input type="checkbox"/> Any other White Background (please write in)	
Mixed Parentage: <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background (please write in)	
Asian or Asian British: <input type="checkbox"/> Indian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Pakistani <input type="checkbox"/> Another Asian background (please write in)	
Black or Black British: <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background (please write in)	
Chinese or other ethnic group: <input type="checkbox"/> Chinese <input type="checkbox"/> Gypsy/Romany/Irish Traveller <input type="checkbox"/> Other (please write in)	
<input type="checkbox"/> Question Refused/Prefer not to say	

Disclosure

I agree that the information contained in this referral form is true and accurate and I consent to it being used as part of Prospect Housing Ltd assessment and risk process.

Signed by Applicant	Date
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**Referral Form
Authorisation of Consent**

I (Name)	
Address if applicable	
<p>Authorise a representative of Prospect Housing to have access to and copies of all Risk Assessment information, support plans and any other paperwork relevant to my continuing support needs. I also authorise a representative of Prospect Housing to discuss any issues, and act on my behalf, regarding my Benefits, Housing Benefits and Support Needs. I understand and agree with the Privacy Notice as detailed above.</p>	
Signed (Applicant)	Date

Referral contact – Email enquiries@gl-living.org
Web www.gl-living.org
Address Greater London Living CIC, 447 Hillcross Avenue, Morden, Surrey, SM44BZ

Appendix 1. Please tick the boxes below to indicate the clients individual support needs

Support Activities (Referrals minimum of three or more support service criteria)

should have at least a needs listed below to meet the

1. Benefits <input type="checkbox"/>	2. Independent Life-skills <input type="checkbox"/>	3. Health & Wellbeing <input type="checkbox"/>	4. Training <input type="checkbox"/>	5. Employment <input type="checkbox"/>
6. Volunteering <input type="checkbox"/>	7. Education <input type="checkbox"/>	8. Budgeting <input type="checkbox"/>	9. Reduce debt <input type="checkbox"/>	10. Liaising with external agencies <input type="checkbox"/>
11. Probation Offending Behaviour <input type="checkbox"/>	12. Mental Health <input type="checkbox"/>	13. Reducing Substance Misuse <input type="checkbox"/>	14. Reducing alcohol consumption <input type="checkbox"/>	15. Emotional /counselling <input type="checkbox"/>
16. Physical Health <input type="checkbox"/>	17. Leisure <input type="checkbox"/>	18. Accessing social networks <input type="checkbox"/>	19. Maintain Tenancy <input type="checkbox"/>	20. Move / on Tenancy Ready <input type="checkbox"/>
21. Anti social behaviour <input type="checkbox"/>	22. Equality and diversity <input type="checkbox"/>	23. Cultural, Faith activities <input type="checkbox"/>	24. Other <input type="checkbox"/>	

For Internal Use only

To be completed by Referral Officer

<p>(We can only accept referrals from recognised referral sources who confirm that the individual is a vulnerable homeless Person with no less than three areas of support needs)</p> <p>Has the support needs and risks been taken into consideration prior to making a decision in accepting the referral:</p> <p>Have you checked the following</p> <ul style="list-style-type: none"> • Is it a recognised Referral Source Yes <input type="checkbox"/> No <input type="checkbox"/> • Does the referral indicate the person has a minimum of three areas of support needs Yes <input type="checkbox"/> No <input type="checkbox"/> <p>Accepted Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If refused please record reasons:</p> <p>Residents Reference Number:</p>	<p>Date:</p>
	<p>Managers Signature:</p>

Allocated Address:	Agreed tenancy start Date:
Managers Signature:	Date: