



Date: ___/___/___

Moving On Housing Referral Form

Referrer Details (if applicable)

Referral Agency: Contact Name:

Contact Detail: (include address, telephone number, and email):

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.....

Applicant Details

Full Name Address

.....

.....

DoB Contact no.

Gender (M/F) NI no.

Housing Benefit Number

Please give details including name, DoB and gender of any children who will need to be included in the referral:

.....

Applicants Priority Needs:

Is support provided by any of the following? (include contact name and number)

Family Member

Friend

Social Worker

Probation Officer

CPN

Other

Background Information

Housing history - Please list last five addresses:

Where/Type of accommodation	Length of Stay	Reason for Leaving

In which areas is support required?

<ul style="list-style-type: none"> <input type="checkbox"/> Finances/debt/budgeting <input type="checkbox"/> Homelessness issues <input type="checkbox"/> Access to training/employment/education <input type="checkbox"/> Gaining access to other services <input type="checkbox"/> Daily living skills (shopping/housework) <input type="checkbox"/> Mental health problems <input type="checkbox"/> Domestic abuse <input type="checkbox"/> Accessing community organisations 	<ul style="list-style-type: none"> <input type="checkbox"/> Finding or maintaining accommodation <input type="checkbox"/> Finding furniture/accessing grants <input type="checkbox"/> Personal safety and security <input type="checkbox"/> Health and well-being <input type="checkbox"/> Emotional support <input type="checkbox"/> Substance misuse problems <input type="checkbox"/> Offending behaviour <input type="checkbox"/> Social skills/ behaviour management
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Any other areas important information:

(Use this space to provide any other areas of support required, priorities or any further information on the areas highlighted above)

Risk Assessment

NB: THIS SECTION MUST BE COMPLETED!

Please use the following definitions to answer the questions

LOW	Isolated or occasional instances of non-significant incidents and/or a low potential of incidents occurring or recurring.
MEDIUM	More frequent/ regular incidents and/or of a more significant nature
HIGH	Likely, severe or significant

Does the applicant have a history/ is there a risk of any of the following violent offences/incidents to others:

Category	LOW	MEDIUM	HIGH
Physical Abuse			
Mental Abuse			
Sexual Abuse			
Racial Abuse			
Verbal Abuse			
Damage to property			

Describe below potential triggers and who is at risk:

Is there a history of difficulties regarding previous tenancies?

Category	LOW	MEDIUM	HIGH
Rent Arrears			
Behaviour of friends			
Neighbour disputes			
ASB			
Harassment			
Other			

If any of the above have been identified, please give further details:

Is there a history of or risk of any of the following?

Category	LOW	MEDIUM	HIGH
Suicide			
Self-harm			
Accidental overdose			
Misuse of Medication			
Abuse from others			
Vulnerability			
Mental Health Issues			
Substance Misuse			

If any identified, please give further information including triggers, details of incidents etc.

If you are a referral agency, please state how long you have known the Applicant?

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Is it safe to visit the Applicant at home? If not, is there another safe place?

.....

Has the Applicant ever been refused support? If yes, please state why?

.....

Equal Opportunities

Gender	
Disability	Do you consider yourself to be a person with a disability described by the Disability Discrimination Act 1995? YES NO

Ethnicity

Asian/ Asian British		Mixed/Multiple ethnic		Travellers	
Bangladeshi		White & Black Caribbean		Irish Traveller	
Chinese		White & Black Asian		Romany/ Gypsy	
Indian		White & Black African		Other:	
Pakistani		Other:		Other Ethnic Group	
Other:		White		Arab	
Black/African/Caribbean		English/Welsh/Scottish		Other:	
African		British			
Caribbean		Irish			
Other:		Other			

Signed: Date:
(Applicant)

Signed: Date:
(Referral Agency)

CONSENT

I confirm that the information contained in this document is true and includes all relevant information required to correctly assess my referral.

I give my permission for agencies to obtain further information from all other relevant agencies which may include, for example Adult and Community Services, landlords, police, benefit agencies.

Under the Data Protection Act 1998 it is a requirement to obtain your consent to share information about you with other agencies and organisations who may be involved in providing services to you. You have a right to prevent this and therefore do not have to consent if you do not want your information to be shared. However, it may be difficult to provide you with some of the services you need if you do not give your consent.

I understand that this information will only be made available to all providers/organisations that are able to assist me to obtain the correct level of support and enable me to sustain independent accommodation.

Signed: Date:
(Applicant)