

REFERRAL FORM

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| Once completed, please email to: [info@westmidlandshousing.co.uk](mailto:info@westmidlandshousing.co.uk)  -Thank you.   |  | | --- | | Referrer Details | | Referrer’s Name |  | Date |  | | Company Name |  | | | | Company Address |  | | | | Email Address |  | | | | Job Title |  | | | | Contact Number |  | | | |

|  |
| --- |
| Applicant Details |
| Applicant’s Name |  | | | | | Kids | |  |
| Current Address |  | | | | | | | |
| Date of Birth |  | | | | Mobile No. | |  | |
| N.I Number |  | | | | Nationality | |  | |
| Email |  | | | | | | | |
| Reason for Referral |  | | | | | | | |
| Ethnicity |  | | | | Religion: | |  | |
| Bank Account | YES | NO | Notes: |  | | | | |
| Income | YES | NO | Notes: |  | | | | |

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| --- |
| Immigration Details |
| Current Status |  |
| Any Further Details |  |

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| --- |
| Funding Details |
| Amount (per Week) |  | Length  of Funding |  |
| Subsistence Payments |  | Length  of Funding |  | Will be paid by |  |
| Funding Agreed by |  | | | | |
| Invoice to be emailed to |  | | | | |

Shape

Description automatically generated with low confidence

REFERRAL FORM

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| SUPPORT NEEDS |
| TYPE OF SUPPORT | **Y/N** | | **FURTHER DETAILS** | |
| At Risk of Domestic Abuse  Homeless & Destitute - Safeguarding measures – provide safe & secure accommodation (Refuge/Hostel Placement), Risk of harm from Perpetrator/Others, Regular Safeguarding Support, etc. |  |  | |
| Accessing Public Funds & Legal Advice  Support with Benefits Claims, Legal/Safeguarding Advice, non-molestation order, Supporting Letters, Accessing Legal Aid, Apply for NI Number, Create Bank A/C, Create Email Address, Webmail Support, etc. |  |  | |
| Mental Health  Help to manage Trauma of Domestic Violence & Abuse, Developing Self-esteem & interpersonal skills, Monitor Risk of Self-Harm, accessing treatment, managing emotional & mental health, provide Emotional Support, reduce feelings of social isolation, etc. |  |  | |
| Register with Local Services  Access to Health services (GP, Dentist, Opticians), Increase Social and Community Networks, Getting involved in activities, for example, Women’s Only Gyms/Swimming, feeling more involved, help to find other help, etc. |  |  | |
| Finance/Budgeting Support  Food Parcels, Help to Manage Low income, Budgeting Support Sessions to reduce debt and bank charges, Ability to manage £ better, Deteriorating financial position, etc. |  |  | |
| Cultural/Faith/Diversity Support  Help with language barriers to effect integration  into the wider community, Register with ESOL Course, build support networks in the community, etc. |  |  | |
| Social/Leisure/Relationships  Access to social activities, support to improve  family ties & the wider community, feeling more involved, etc. |  |  | |
| Develop Independent Living Skills  Developing household skills, Increased feelings of being more independent, prompting to maintain Tenancy, Ability to keep home safe & secure, etc. |  |  | |
| Empowering Vulnerable People  Building confidence, developing personal competence, Increased knowledge, Increased feeling of being less reliant, developing problem solving skills, etc. |  |  | |
| Health & Well-being  Ability to manage a healthy lifestyle, Increased confidence, improved quality of life, skills to eat healthily, ability to manage health and well-being, ability to manage personal hygiene, Ability to manage on-going health problems, etc. |  |  | |
| Employment & Training  Support to gain employment (CV, Voluntary work, etc.), help with sourcing education/training services and college courses, etc. |  |  | |
| Learning Difficulties Issues  Literacy, Language, Numeracy support, Refer to relevant colleges/Agencies, etc. |  |  | |
| Move to Independent Living  Help with managing tenancy & accommodation, completing/submitting Council Housing Application, Sourcing and maintaining a suitable home, etc. |  |  | |
| Alcohol & Substance Misuse  On-going issues with drug & alcohol, accessing drug & Alcohol services, Referral to relevant agencies, networks & Support groups to address Offending Behaviour, etc. |  |  | |
| Other  (Please specify support needs) |  |  | |

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| RISK ASSESSMENT |  |  | | | |
| Potential Risk Area | | | **LOW** | **MED** | **HIGH** | **FURTHER DETAILS** |
| At Risk - Domestic Abuse | | |  |  |  |  |
| Mental Health – Trauma/Depression/etc. | | |  |  |  |  |
| Hazard from Others (partner/family/friends/known associates) | | |  |  |  |  |
| Risk of Self-neglect/Self-Harm/Suicide | | |  |  |  |  |
| Anger Management Issues  (Threatening Acts, Violence, Aggressive Behaviour) | | |  |  |  |  |
| Arson | | |  |  |  |  |
| Sex Offences | | |  |  |  |  |
| Criminal Acts/Police or Court Involvement | | |  |  |  |  |
| Substance Abuse  (Alcohol, Drugs, Other) | | |  |  |  |  |
| Other  (Please specify) | | |  |  |  |  |

Is there anything else you would like to tell us?

Please complete this form as fully as possible and email back to;

[info@westmidlandshousing.co.uk](mailto:info@westmidlandshousing.co.uk)

Our Placements Team will aim to get back to you as soon as possible. Alternatively, please feel free to call our Office on **0121 684 0059** or **079 77 11 55 20** to speak to our Placements Officer directly. Thank You.

|  |  |
| --- | --- |
| APPLICANT NAME: |  |
| APPLICANT SIGNATURE: |  |
| DATE: |  |



***DSCLOSURE***

I agree that the information contained in this referral form is true and accurate to the best of my knowledge and I consent to it being used by West Midlands Housing Limited to assess my individual needs, develop my support plan and risk assess suitability for accommodation and tenancy within this organisation.

I hereby give my permission for West Midlands Housing limited to obtain further information from relevant agencies which may include, for example, social services, previous landlords, police, probation, benefits agencies, housing benefit, for the duration of my receipt of the service.

This will include a Police check being undertaken by the Supported Housing Providers. I understand this may mean the divulging of information covered by the Data protection act 1998 and I consent to the divulging of this information.

I also authorise West Midlands Housing Limited to discuss any issues, and act on my behalf, regarding my benefits, Housing Benefits & Support Needs.

***DISCLOSURE***

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