**HAYSHOUSING Ltd**

**REFERRAL FORM AND RISK ASSESSMENT**

Hayshousing Ltd housing offered is specifically based on your needs and requirements.

**The process can take up to three working days but may be processed more quickly.**

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

Please ensure to complete all sections.

**REFERRER DETAILS**

|  |  |
| --- | --- |
| **Name of referral organisation:****Person completing referral:****Signature:****Date:** | **Telephone Number:** **Email address:** **Address:** |
| Hayshousing Ltd is a supported housing provider only.Are there any support needs Yes / No **Please tick the appropriate boxes below to identify the applicants** At Risk of Homelessness ☐ Rough Sleeper ☐ Domestic Abuse ☐ Substance Misuse ☐ Mental Health ☐ Young Person☐ Care Leaver ☐ Refugee Status ☐ |
| Name of applicant:Current address of applicant(s)Post Code:Applicants contact number: | D.O.B:Nationality:NI number:Language spoken: |

|  |  |
| --- | --- |
| **Why are they homeless?** |  |
| **Are they receiving any benefits? Please list:** |  |
| **Are they eligible for HB, and/or receiving Housing Benefit?** |  |
| **Any other income? Please list:** |  |
| **Next of Kin details:** | **Name: Tel:****Address:****Relationship to applicant:** |
| **Has the applicant had a previous tenancy agreement? If YES list details:** | **Name of landlord, contact, address, dates of residency.** |
| **Have they ever been evicted? If so list details:** | **Name of landlord, contact, address, dates of residency and reasons.** |

|  |  |
| --- | --- |
| **Any substance misuse Y/N:****Agencies involved?** |  |
| **Any prescribed medication Y/N:** |  |
| **Learning needs / Disabilities Y/N:****Agencies involved?**  |  |
| **Any criminal convictions Y/N:****Dates:****Probation/YOS involvement?** |  |
| **Any other agencies involved:****Please list names, organisations / contacts.** |  |

**Referral Risk Assessment**

| **Potential Risks**  | **Risks Identified**  | **Further Details**  |
| --- | --- | --- |
|
| **Risks to Applicant** | **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 *(a more in-depth substance misuse risk assessment will take place if client is accepted)* |  |  |  |  |
| Vulnerabilities/ Abuse*Could the applicant be unable to protect him/her self from harm or exploitation?* |  |  |  |  |
| Debt/budgeting issues |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Risks to other residents withinSupported 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  |  |  |  |  |

**Equal Opportunities Monitoring**

**Gender**

|  |  |  |
| --- | --- | --- |
| **Male ☐** | **Female ☐** | **Transgender ☐** |

|  |
| --- |
| Rreligion / faith (please tick one) ☐None ☐Christian (all denominations) ☐Buddhist ☐Hindu ☐Jewish ☐Muslim ☐Sikh ☐Other ☐Question refused prefer not to say  |
| Ethnic Group (please tick one)White: ☐British ☐Irish ☐European ☐Any other White BackgroundMixed Heritage: ☐White and Black Caribbean ☐White and Black African ☐White and Asian ☐Any other mixed background Asian or Asian British: ☐Indian ☐Bangladeshi ☐Pakistani ☐Another Asian background (please write in) Black or Black British: ☐Caribbean ☐African ☐ Any other Black background (please write in) Chinese or other ethnic group: ☐Chinese ☐Gypsy/Romany/Irish Traveller ☐Other (please write in)☐Question Refused/Prefer not to say |

**Disclosure**

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| I agree that the information contained in this referral form is true and accurate and I consent to it being used as part of Hayshousing Ltd assessment and risk process. |
| **Signed by Applicant**  | **Date** |

**Referral Form**

**Authorisation of Consent**

|  |
| --- |
| I (Name) |
| Address if applicable  |
| Authorise Hayshousing Ltd to have access to information, support plans and any other paperwork relevant to my needs. I also authorise Hayshousing Ltd to discuss any issues, and act on my behalf, regarding any Benefits / Housing / Support Needs. I have read and agree to the Privacy Notice. |
| **Signed (Applicant)**  | **Date**  |

|  |
| --- |
| **Referral contact – Email** **admin@hayshousing.co.uk** |
| **Contact - 07365673298**  |
| **Address- Hayshousing Ltd. Izabella House, 24 – 26 Regents Place, City Centre, Birmingham, B1 3NJ.** |

**Please tick the boxes below to indicate the clients individual support needs:**

 (Applicant should have a minimum of three support needs in order to meet the service **criteria)**

|  |  |
| --- | --- |
| Benefits ☐Independent Life-skills ☐Health & Wellbeing ☐Volunteering ☐Education ☐ Budgeting ☐Training ☐Reduce debt ☐ Probation Offending Behaviour ☐Mental Health ☐Employment ☐Liaising with external agencies ☐ | Reducing Substance Misuse ☐Reducing alcohol consumption☐Physical Health ☐Leisure ☐Anti social behaviour ☐ Equality and diversity ☐Accessing social networks ☐ Cultural, Faith activities ☐Maintain Tenancy ☐Emotional /counselling ☐Move / on Tenancy Ready ☐Other ☐ |

**For Internal Use only**

**To be completed by Referral Officer**

|  |  |
| --- | --- |
| **Has the support needs and risks been taken into consideration prior to making a decision in accepting the referral:** **Have you checked the following** * **Is it a recognised Referral Source Yes☐ No☐**
* **Does the referral indicate the person has a minimum of three areas of support needs Yes☐ No☐**

**Accepted Yes☐ No☐****If refused please record reasons:** **Residents Reference Number:**  | **Date:**  |
| **Managers Signature:**  |
|  |  |
|  |  |
| **Allocated Address:** | **Agreed tenancy start Date:** |
| **Managers Signature:** | **Date:** |