**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.** |

|  |  |
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| **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 |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **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 backgroundAsian 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**

|  |  |
| --- | --- |
| 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**](mailto: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:** | |