



**SOCIETY SUPPORT**

Working Together - making a difference

**Society Support CIC**

**Britannic House. 657 Liverpool Road, Irlam. Manchester. M44 5XD**

**Tel: 01942 375210**

**Office Mobile: 07512 008691**

# Referral Form

<b>Name of person being referred:</b>	
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## Introduction about Accommodation

Society Support CIC offer supported accommodation. We aim to support the vulnerable in making positive changes by developing their confidence, sense of self worth and life skills to enable them to achieve their full potential. Our hope is that each individual will be able to hold and maintain their own stable accommodation once they leave our supported units. We would offer some ongoing support once a person secures their own accommodation whether that is in the private sector or via the local authority.

We operate on a person centred holistic approach and work with each person via an agreed individual support plan to assist them in achieving their goals. This is done in part by linking in with other professional bodies to maximize the chances of success for each client.

## Referral guidelines

Eligibility Criteria for the accommodation:

1. Age Range: Our properties are suitable for 25 years - 65 years
2. Must have support needs
3. Must not be actively using a controlled drug<sup>1</sup> (this includes Cannabis and legal highs)
4. Cannot have an active alcohol problem (No alcohol can be kept or consumed in the accommodation or garden by resident)
5. Must be willing to accept and engage with support
6. Some accommodation offered may be in a shared house
7. Be willing to seek training & employment opportunities
8. Information sharing during a referral from a partner agent is essential.
9. Where available the referring agency should forward any existing full risk-assessment and pathway plan relating to the person.

**Please make sure you fill out this form fully with detail.**

**No-one will be considered without an adequately completed referral form.**

**Please email to [enquiries@societysupport.co.uk](mailto:enquiries@societysupport.co.uk)**

**Website: [www.societysupport.co.uk](http://www.societysupport.co.uk)**

**DETAILS OF THE REFERRING AGENCY**

<b><u>Date of referral:</u></b>	
<b><u>Contact Details of referring agency:</u></b>	
<b><u>Telephone number:</u></b>	
<b><u>Email:</u></b>	
<b><u>Nature of relationship with person &amp; how long have you known them?</u></b>	

**CLIENT'S DETAILS**

<b><u>Gender:</u></b>		<b><u>Name:</u></b>			
<b><u>Nationality:</u></b>		<b><u>D.O.B:</u></b>		<b><u>Age:</u></b>	
<b><u>National Insurance Number:</u></b>		<b><u>Marital Status:</u></b>			
<b><u>Telephone No.</u></b>		<b><u>Are they pregnant?</u></b>			
<b><u>N.O.K details:</u></b>		<b><u>Identification available</u></b> (please circle below)  <b><u>If client is from another country they must have access to social funding, National Insurance Number &amp; have right to rent in UK.</u></b>  <b><u>Birth Certificate,</u></b> <b><u>Marriage Certificate,</u></b> <b><u>Driving License,</u></b> <b><u>Passport,</u></b> <b><u>Medical Card or other please state:</u></b>			
<b><u>Please give details of below i.e. contact number etc:</u></b>					

<b><u>Registered with G.P?</u></b>	
<b><u>Registered with Dentist?</u></b>	
<b><u>Registered with Mental Health team?</u></b> <b><u>Have they ever been sectioned?</u></b>	
<b><u>Are they using other services i.e. Drug/ Alcohol team?</u></b>	
<b><u>Any other services?</u></b>	
<b><u>Any other information?</u></b>	
<b><u>Is this client suitable for Lone working?</u></b> <b><u>Or prefer Male or female worker?</u></b>	<b><u>They are suitable for both</u></b>

**REASON FOR REFERRAL: Is the client currently homeless? Y/N**

(Please include reasons for leaving current address and any relevant information such as evictions, antisocial behaviour, why person needs supported temporary accommodation) Please use separate

sheet if required

**HOUSING HISTORY/LOCAL CONNECTION**

<b><u>Do you have any family /friends in the area?</u></b>	
<b><u>Current address and the type of tenancy held:</u></b>	<b><u>Arrears if any, how much and who to:</u></b>

<u>From:</u>	<u>To:</u>	
<u>Reason the tenancy is ending:</u>		

**PREVIOUS ADDRESS(ES) FOR THE LAST 5 YEARS PLEASE DETAIL BELOW**

<b><u>Previous address and the type of tenancy held:</u></b>		<b><u>Arrears if any, how much and who to:</u></b>
<b><u>From:</u></b>	<b><u>To:</u></b>	
<b><u>Reason the tenancy ended:</u></b>		
<b><u>Previous address and the type of tenancy held:</u></b>		<b><u>Arrears if any, how much and who to:</u></b>
<b><u>From:</u></b>	<b><u>To:</u></b>	
<b><u>Reason the tenancy ended:</u></b>		
<b><u>Previous address and the type of tenancy held:</u></b>		<b><u>Arrears if any, how much and who to:</u></b>
<b><u>From:</u></b>	<b><u>To:</u></b>	
<b><u>Reason the tenancy ended:</u></b>		
<b><u>Previous address and the type of tenancy held:</u></b>		<b><u>Arrears if any, how much and who to:</u></b>
<b><u>From:</u></b>	<b><u>To:</u></b>	
<b><u>Reason the tenancy ended:</u></b>		
<b><u>Previous address and the type of tenancy held:</u></b>		<b><u>Arrears if any, how much and who to:</u></b>
<b><u>From:</u></b>	<b><u>To:</u></b>	
<b><u>Reason the tenancy ended:</u></b>		

<u>Type of Tenancy required:</u>	
<p><b><u>Is there a history of difficulties regarding previous tenancies? If any identified, please give further details i.e. ASBO? Rent Arrears if so how much is there a payment plan in place? Criminal Damage? Neighbour disputes? bad condition of property?, Evictions? Harassment? Other?</u></b></p>	

**Is the client excluded from any housing providers & if so which?**

**Is the client registered with any housing providers & if so which?**

<u>PROFILE OF CLIENT</u>	<u>Yes</u>	<u>No</u>	<u>Details if answer is yes in bottom box _____</u>	<u>Yes</u>	<u>No</u>
<u>Is the person subject to any of the following?</u>					
<u>Care Order Section 31</u>			<u>Community Rehabilitation Order</u>		
<u>Exclusion zones</u>			<u>ASBO</u>		
<u>Supervision Order</u>			<u>Mappa</u>		
<u>Probation (Details of officer etc.)</u>			<u>PPU Involvement</u>		
<u>License Restrictions</u>			<u>Other:</u>		

<p><b><u>OFFENDING HISTORY</u></b> (Please give details below)</p>
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**ARE THERE ANY OUTSTANDING OFFENCES OR COURT CASE PENDING?**

(Please give details below)



**SUPPORT NEEDS** (please circle and detail below)

<b><u>Drugs:</u></b>		<b><u>Suicide/Suicidal thoughts:</u></b>	
<b><u>Alcohol:</u></b>		<b><u>Self Harm:</u></b>	
<b><u>Gambling:</u></b>		<b><u>Other Mental health issue:</u></b>	
<b><u>Other Addiction:</u></b>		<b><u>Verbal Aggression:</u></b>	
<b><u>Anxiety:</u></b>		<b><u>Physical Aggression:</u></b>	
<b><u>Depression:</u></b>		<b><u>Personal Hygiene:</u></b>	
<b><u>Bipolar:</u></b>		<b><u>Taking medication:</u></b>	
<b><u>Schizophrenia:</u></b>		<b><u>OTHER:</u></b>	

**HOUSING SUPPORT NEEDS**

	<b><u>Level of Need Please tick</u></b>				<b><u>Please detail needs below:</u></b>
	<b><u>Low</u></b>	<b><u>Medium</u></b>	<b><u>High</u></b>	<b><u>None</u></b>	
<b><u>Money / benefits / debts / budgeting:</u></b>					
<b><u>Daily living skills:</u></b>					
<b><u>Substance misuse issues:</u></b>					
<b><u>Communication, Writing, Reading:</u></b>					

<b><u>Education / training / volunteering:</u></b>					
<b><u>Independent living:</u></b>					
<b><u>Mental health issues:</u></b>					
<b><u>Parenting skills:</u></b>					
<b><u>Emotional support:</u></b>					
<b><u>General health and Well-being:</u></b>					
<b><u>Maintaining accommodation:</u></b>					
<b><u>Life skills:</u></b>					
<b><u>Finding furniture, accessing grants:</u></b>					
<b><u>Social skills:</u></b>					
<b><u>Employed/unemployed please give details if employed (hours worked &amp; wages):</u></b>					
<b><u>If on Benefits: type, amount and payment day (fortnightly/monthly):</u></b>					

<b><u>PHYSICAL HEALTH/Medical Conditions, i.e. experience of fits/ epilepsy, diabetes, overdosing, hepatitis, HIV, sexually transmitted diseases, etc. Past or present? Mobility issues? Recent hospitalization, If yes please give detail below: also current medication.</u></b>

**SUBSTANCE MISUSE**

Details of any substance misuse (drugs or alcohol). Include past and present usage, details of any rehab or detox attended, and any on going support being received.

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**LIFE SKILLS/NEEDS/ INTERESTS (Literacy, numeracy, faith etc.)**

<b><u>Risk to Others</u></b>	<b><u>Y</u></b>	<b><u>N</u></b>	<b><u>Details</u></b>	<b><u>LOW</u></b>	<b><u>MED</u></b>	<b><u>HIGH</u></b>
<b><u>Offending:</u></b>						
<b><u>Violence / Aggression:</u></b>						
<b><u>Physical Psychological Sexual or Financial Abuse:</u></b>						
<b><u>Arson / Damage to Property:</u></b>						
<b><u>Discrimination:</u></b>						

<u>Risk to self:</u>	<u>Y</u>	<u>N</u>	<u>Details</u>	<u>LOW</u>	<u>MED</u>	<u>HIGH</u>
<u>Self Harm/suicide:</u>						
<u>Self Neglect:</u>						
<u>Substance Misuse:</u>						
<u>Violence &amp; Aggression:</u>						
<u>Discrimination:</u>						
<u>Any Others:</u>						
<u>Other risk:</u>						



**REFERENCES**

**If you can, please give details of two people who will provide references for you, e.g. previous landlord/college tutor.**

<b><u>Name of person:</u></b>	<b><u>Name of person:</u></b>
<b><u>Contact Details:</u></b>	<b><u>Contact Details:</u></b>
<b><u>Relationship/Agency:</u></b>	<b><u>Relationship/Agency:</u></b>

**AGENCY DECLARATION**

I confirm that any support by my agency will be ongoing during the applicant's stay at the accommodation. To the best of my knowledge the information within this form is true and accurate, and I understand that if relevant information has not been disclosed, it may jeopardise the applicant remaining at the accommodation if their application is successful.

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**APPLICANTS' DECLARATION**

I declare that the information I have given is true, accurate and complete, and agree that it can be passed on to **Society Support CIC** where necessary.

I also agree that **Society Support CIC** may approach other agencies or workers for further information and that relevant information can be shared with those agencies where necessary.

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_