

Referral Form

To be completed by the Agency making the referral

Agency.....

Agency address

Contact Name.....

Tel No:

What support can you offer?
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Date of Application

Person you are referring:

Name.....

Address

..... Postcode..... Contact Tel No:

Age..... Date of Birth Male/Female

National Insurance No: Ethnicity.....

Dependants

GP..... Tel No:

Address:.....

..... Post Code

Next of Kin Tel No:.....

Relationship:

Address.....

..... Post Code

Contact in case of emergency: Tel No:.....

Relationship

Address.....

..... Post Code

Homelessness

What is the reason for seeking accommodation/support from TCHCS?

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Has the applicant been referred previously? (if yes please give details)

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If applicant gets support from any other agency, please give details

Agency Name:

Contact details:

Does applicant receive any other support (I.e. family, friends, carers etc) if yes

Please give details.....

Benefit Status

Is applicant in employment/training/receiving JSA/incapacity benefit/income support/other benefits? Please give details (if invited for assessment please ask applicant to bring proof of benefits).

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Offending History

Please include PSR, List of previous convictions and any other relevant information i.e. Bail, treatment, probation, licence status etc.

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Custodial History

If applicable, please include current sentence/remand time and release date etc.

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Referral Form cont. 3

Mental Health

Please include details of hospital treatment, present treatment, Consultant details, CPN/Social Worker contact details, Medication details etc.

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Please give details of medication. (Past & current if applicable)

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Substance History

Please provide details of any substance mis-use history i.e. illicit drugs, alcohol etc. together with details of any support/treatment programmes applicant is undertaking or undertaken.

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Assessment Support/Special Needs/Cultural and or Faith Needs

If invited for assessment interview/admission does the applicant have any special requirements? (i.e. communication needs/signing needs/interpreter/advocate or other special needs dietary/mobility etc).

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If your agency has conducted a risk assessment please send it with this referral.

Please indicate risks

Re-offending

Volatility.....

Sociability

Risk to others

Risk from others

Any other risk factor

Risk Assessment

Support Needs

Why does applicant wish to come to Three Counties Housing Care and Support project?

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What support does applicant expect to get from Three Counties Housing Care and Support project?

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Any other relevant factors?

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Signature of Applicant Date.....

Signature of Referrer Date.....

Thank you for completing this referral application, please email to admin@3countieshousing.org or fax it to the project.

Please enclose supporting documents (as appropriate)

- 1. Risk Assessment**
- 2. Support/Care Plan**
- 3. Pre-Sentence Report**
- 4. List of Previous Convictions**
- 5. Other**