



25th Avenue Housing

CUSTOMER REFERRAL FORM

Date of Referral:

Mr/Mrs/Miss/Ms: Name:

Address:

Post Code: National Insurance:.....

Telephone Number:

Date of Birth:

Referrer Details

Referring Agency:

Contact Name:

Address:

..... Post Code:

Telephone Number: Relationship to Client:

Has this referral been discussed with the person referred? Yes No

Do you require feedback: Yes No

Please provide details about your mental health difficulties and the support you would like to receive?

Why is this person homeless?

<input type="checkbox"/> Tenancy breakdown	<input type="checkbox"/> Family breakdown	<input type="checkbox"/> Relationship breakdown
<input type="checkbox"/> Fleeing violence	<input type="checkbox"/> Leaving hospital	<input type="checkbox"/> Eviction
<input type="checkbox"/> Homeless after care	<input type="checkbox"/> Sexuality issues	<input type="checkbox"/> Waiting for accommodation
<input type="checkbox"/> Leaving custody	<input type="checkbox"/> Harassment	<input type="checkbox"/> Racism
<input type="checkbox"/> Other (Please give details):		

Housing history (please list last three years address history):

Where/Type of accommodation	Length of Stay	Reason for Leaving

Housing

What sort of accommodation are you in now?	<input type="checkbox"/> Council/housing association rented <input type="checkbox"/> Owner occupier/shared owner <input type="checkbox"/> Temporary accommodation <input type="checkbox"/> Supported housing <input type="checkbox"/> No fixed abode <input type="checkbox"/> Private landlord	<input type="checkbox"/> Lodger <input type="checkbox"/> Living with family and friends (if you are living with a Sanctuary tenant please give details below) <input type="checkbox"/> Prison/offenders institution <input type="checkbox"/> Other type of accommodation (give details below)
	If you are currently in prison/offender's institution, when will you be released?	
Are you currently homeless? If yes, please give details and state how long you have been homeless for	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Current address (if applicable)	Post code	How long have you been at this address?

Is your current accommodation inappropriate for any of the following reason?	Relationship breakdown <input type="checkbox"/>	Details
	Households living apart <input type="checkbox"/>	
	Currently living in an adapted property that is no longer required <input type="checkbox"/>	
	Current property in very poor condition (please give details) <input type="checkbox"/>	
	Other (please give details) <input type="checkbox"/>	
Have you completed a homeless application?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Don't know <input type="checkbox"/>	
Are you facing eviction or any court action in relation to your housing? If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been asked to leave, or have you ever been evicted from any previous accommodation? If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a local connection to the area? If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any pets/animals that you wish to be housed with you? If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you need a property which is all on one level (i.e. no stairs)? If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Arrears and Debts

Have you been evicted or asked to leave any previous accommodation due to rent arrears? If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any housing benefit arrears? If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any outstanding debts, include rent arrears, fines, loans etc? If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Additional Information

These help us to better assess the client's suitability and ensure that the project can meet the individual's needs and provide appropriate support. Please indicate any such reports that you have attached.

Psychiatric	Yes	No
Risk Assessment	Yes	No
Care Plan	Yes	No
Forensic Report	Yes	No
Probation Report	Yes	No
Other (please state)	Yes	No

Please tick the relevant box if the client could be considered as presenting any risk to:

	High	Medium	Low
Themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other clients accessing groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any significant others/members of the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked high or medium, please give details on the risk assessment sheet

RISK ASSESSMENT

This section of the form must be completed by the referring agency in order to help us identify the potential risks the client may pose to themselves, other service users and the staff team.

Section One – Mental Health

Does the client pose a risk to themselves	Not Known	Yes	No
Has the client ever attempted suicide?	Not Known	Yes	No
Is the client taking prescribed medication for a mental health condition?	Not Known	Yes	No
Does the client have a history of mismanaging or abusing medication/	Not Known	Yes	No
Does the client have a history of self harm?	Not Known	Yes	No
Does the client have a history of self neglect?	Not Known	Yes	No
<i>If yes to any of the above, please give details overleaf.</i>			

Section Two – Addictions

Does the client misuse illegal drugs?	Not Known	Yes	No
Does the client misuse alcohol?	Not Known	Yes	No
Is the client recovering from any form of addiction?	Not Known	Yes	No

If yes to any of the above, please specify overleaf the duration of addiction and any behaviours that arise out of intoxication.

Section Three – Criminal Activity

Does the client have any criminal convictions?	Not Known	Yes	No
Is there a history of fire setting?	Not Known	Yes	No
Has the client served a custodial sentence?	Not Known	Yes	No
Is the client currently on probation or licence?	Not Known	Yes	No
Is the client likely to re-offend?	Not Known	Yes	No
<i>If yes to any of the above, please give details overleaf.</i>			

Section Four – Support Network

Is the client in regular contact with a supportive family?	Not Known	Yes	No
Is the client receiving agency support?	Not Known	Yes	No
Does the client have friends?	Not Known	Yes	No

Please give details overleaf, highlighting support received from external agencies.

Section Five – Interpersonal Skills

Does the client have a history or tendency towards aggression?	Not Known	Yes	No
Is the client capable of interacting with others?	Not Known	Yes	No
Is the client capable of adhering to conditions for accessing services?	Not Known	Yes	No

If yes to any of the above, please give details overleaf.

Please use this space to provide further details on the identified risks.

How would individual access groups? (i.e. travel independently, use bus, Community Transport etc.)

Services Interested in Attending

Volunteering

Sporting
Changes

Creative
Crafts

Social
Drop-Ins

Befriending
Scheme

A Place to
Grow

Equal Opportunities Monitoring

Gender Male Female Prefer not to say

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English Welsh Scottish Northern Irish Irish British

Gypsy or Irish Traveller Prefer not to say

Any other white background, please write in: _____

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian

Prefer not to say Any other mixed background, please write in: _____

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say

Any other Asian background, please write in: _____

Black/ African/ Caribbean/ Black British

African Caribbean Prefer not to say

Any other Black/African/Caribbean background, please write in: _____

Other ethnic group

Arab Prefer not to say Any other ethnic group, please write in: _____

Religion _____

Preferred Language _____

Data Protection Act 1998 – the information you provide on this form will be available to members of staff at Twenty-Fifth Avenue Housing and in some situations with other relevant mental health professionals, in which case your permission will be sought first.

The information provided is given to the best of my knowledge. I will inform Community Action Partnership of any change in circumstances.

Signed (Client) Date:

Signed (Referrer) Date:

FOR OFFICE USE ONLY

Date referral received:	
Outcome of referral:	