

Agency Referral Form for Housing Related Support across Suffolk



This form will be used by **CARA** to:

- Determine whether the applicant is eligible to receive a service
- Identify where an immediate response is needed
- Refer an applicant to the support provider (SNAP or Flagship)

Please provide as much detail as you can as this information will be used to assess what support is needed (each individual is assessed on their personal circumstances), and to ensure the person is put in contact with the appropriate support services.

Please note; the information contained on this form will be shared with the applicant.

For any queries about making a referral, please contact the CARA Team on **01473 742690**

Please answer all questions fully

1. APPLICANT DETAILS			
Title:	First Name:	Last Name:	
Please detail any other name/s the individual is / has been known by:			
Address:		Home Tel:	
Postcode:		Work Tel:	
		Mobile Tel:	
Gender:	Date of Birth:	Nat Ins No:	
In which District Council area does the applicant live?			
<input type="checkbox"/> Babergh	<input type="checkbox"/> Forest Heath	<input type="checkbox"/> Ipswich	<input type="checkbox"/> Mid Suffolk
<input type="checkbox"/> St. Edmundsbury	<input type="checkbox"/> Suffolk Coastal	<input type="checkbox"/> Waveney	
2. DECLARATION			
Does the applicant know this referral is being made?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have they agreed to it?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I consent to the information provided on this form being passed to SNAP and Flagship Housing Group (Waveney) who will assess my eligibility, priority and need for a housing support service.			
I understand that all information given will be treated as confidential and I give my permission to seek or share any necessary information from or with other relevant agencies and organisations. This may include sensitive personal information, in compliance with the aims and objectives of the Central Access and Referral Agency and the Suffolk Holistic Floating Support Service.			
Signature of referrer:		Date:	
NB We are unable to accept referrals without the individuals consent. Please try to get this form signed by the applicant whenever possible but, as long as you have got their verbal agreement, we will respond initially as if they have signed it.			
Applicant's signature:		Date	

3. ALTERNATIVE CONTACT DETAILS

Can we contact the individual at the provided address / telephone number safely?

Yes No

If no, please provide alternative contact information below:

If you would prefer us to contact someone else, please provide their details below (please advise their relationship to the applicant):

4. IS THE APPLICANT IN CONTACT WITH ANY OTHER ORGANISATIONS / AGENCIES?

Agency	Reason	Contact name	Tel no.

5. COMMUNICATION REQUIREMENTS

Does the applicant have any special communication requirements? Yes No

Please give details (e.g. Language, Braille, Easy Read)

Interpreter Required

Yes No

Female interpreter required

Yes No

6. ECONOMIC STATUS			
<input type="checkbox"/> Full time employed (24 hours or more per week)		<input type="checkbox"/> Part time employed (less than 24 hours per week)	
<input type="checkbox"/> Govt. Training / New Deal		<input type="checkbox"/> Job Seeker	<input type="checkbox"/> Retired
<input type="checkbox"/> Not seeking work	<input type="checkbox"/> Full Time Student	<input type="checkbox"/> Long /short term sick	<input type="checkbox"/> Other
<p>Is this person entitled to access / receive public funds? People who are allowed to enter the UK for a limited period may have a condition that they have 'no recourse to public funds'. This will be stamped in their passport. Please note; we are unable to offer support to individuals who do not have recourse to public funds. If you require further information, please go to: http://www.ukba.homeoffice.gov.uk/ukresidency/rightsandresponsibilities/publicfunds/</p>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known

7. REFERRAL AGENCY	
Organisation:	
Referrer's Name & Job Title:	
Address:	
Postcode:	
Tel:	E-mail:

8. HOUSEHOLD DETAILS:			
Who else lives with the applicant?			
Name	Date of Birth	Gender (M/F)	Relationship to Applicant
Total number of people in the household:			
Is anyone in the household expecting a baby?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any pets? If yes, please detail.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. ACCOMMODATION		
<input type="checkbox"/> Local authority tenant	<input type="checkbox"/> Mobile Home / Caravan	<input type="checkbox"/> Private tenant
<input type="checkbox"/> Owner occupier	<input type="checkbox"/> With friends / family	<input type="checkbox"/> No fixed abode
<input type="checkbox"/> Temporary Accommodation	<input type="checkbox"/> Housing Association / RSL tenant	
<input type="checkbox"/> Supported housing	<input type="checkbox"/> Womens Refuge	<input type="checkbox"/> Other (please detail)
Please provide name, address and telephone number of landlord		

10. Information to assess the need for an immediate response floating support service**HOUSING FACTORS**

Is the applicant under threat of losing their accommodation? Yes No

How soon does applicant expect to lose their accommodation?

Immediately Within a week Within a month Within 3 months Within 6 months

Eviction
Proceedings

Verbal notice

Letter from landlord/lender

Formal Notice

Court Hearing

Court Order

Bailiff's warrant

Please give full details so that we can assess the urgency of the situation (e.g. date notice issued, court date & location):

Has the applicant sought advice from the Local Authority?

Yes No

Has the applicant sought advice elsewhere?

Yes No

Please provide details (including name of housing officer if relevant):

Is the applicant homeless?

Yes No

Has a homeless application been made to the council?

Yes No

Has the council accepted a homelessness duty?

Yes No

Please provide details:

PERSONAL FACTORS

Are there concerns about the welfare of the applicant or household members? Yes No

if yes, please give full details:

Has the applicant left or is about to leave:

Name of institution / provider

	Leaving	Left
Care	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Prison	<input type="checkbox"/>	<input type="checkbox"/>
Supported Housing	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Please give further details (including dates):

Is the applicant at risk of going or about to go into:

Name of institution / provider

Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hospital	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prison	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supported Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Temporary Accommodation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other		

Please give further details:

11. NEED FOR HOUSING RELATED SUPPORT

This application is to access **low level housing related support**. **The support is short term (maximum of 2 years)**. Typically, support will consist of up to 3 hours per week and will be reviewed every 13 weeks.

Through this support we work to develop and sustain a service user's capacity to live independently in their home and within the community. We aim to enable a service user to do things for themselves.

Please let us know by ticking the boxes below (✓) what kind of support is needed. Please keep in mind that some of these factors ON THEIR OWN may not constitute eligibility for this service. **Please also provide full supporting information for each support area ticked.**

Avoid losing a home	support to maintain accommodation and avoid eviction	<input type="checkbox"/>
	support with setting up a home for the first time	<input type="checkbox"/>
	support with managing day to day activities such as shopping on a budget, menu planning, maintaining the home	<input type="checkbox"/>
Manage your Finances	support to maximise income, including receipt of the correct benefits	<input type="checkbox"/>
	support to reduce debt	<input type="checkbox"/>
	support to obtain paid work	<input type="checkbox"/>
Be Involved	support to participate in training and/or education	<input type="checkbox"/>
	support to engage in leisure /cultural /faith and/or informal learning activities	<input type="checkbox"/>
	support to participate in any work-like activities, e.g. unpaid work /work experience /work-like experience / voluntary work	<input type="checkbox"/>
	support to establish contact with external services /groups /friends /family	<input type="checkbox"/>
	support to better manage physical health	<input type="checkbox"/>
Be Healthy	support to better manage mental health	<input type="checkbox"/>
	support to better manage substance misuse issues	<input type="checkbox"/>
	support to comply with statutory orders and related processes in relation to offending behaviour	<input type="checkbox"/>
Be Safe and Secure	support to better manage self harm	<input type="checkbox"/>
	support to avoid causing harm to others	<input type="checkbox"/>
	support to develop confidence and ability to have greater choice, control and involvement	<input type="checkbox"/>
Be Independent		

Please provide full information as to why the applicant requires Housing Related Support as per the categories ticked above:

12. RISK INDICATORS

Our team work in service users homes; usually in a lone working capacity. Therefore it is imperative that you detail all known/potential risks below. If your service has completed a risk assessment with the applicant then please attach a copy of the risk assessment to this form.

Please do not leave this section blank as we are unable to process the referral without this information.

If we are able to offer a floating support service, we will carry out a full support needs and risk assessment. This information will be used to assess how the applicant's needs can be met most appropriately, aswell as ensuring the safety of our workers.

What is your assessed risk of the applicant: High Medium Low

Is it safe for this applicant to be seen alone? Yes No Unknown

Please indicate if there is current or past history of any risk(s) in any of the following areas:

Violence Yes No Unknown

Verbal abuse / aggression Yes No Unknown

Carrying / use of weapons Yes No Unknown

Arson / criminal damage Yes No Unknown

Reports of sexually inappropriate behaviour Yes No Unknown

Mental health problems Yes No Unknown

Previously admitted to a psychiatric hospital Yes No Unknown

Self harm or suicide attempts / thoughts Yes No Unknown

Use alcohol to excess Yes No Unknown

Use non prescribed drugs / solvents Yes No Unknown

Medication / medication non compliance Yes No Unknown

Does the community where the applicant lives pose a risk? Yes No Unknown

Does the applicant have friends & associates who present a danger? Yes No Unknown

Does the applicant's home have physical hazards or poor ease of exit? Yes No Unknown

If known, please provide full information below of any risks and their management. This may include past actions or events. Please include details of known convictions.

FOR MONITORING PURPOSES

We keep records of people who apply to us for support. This is to ensure that our service is provided on an equal basis without discrimination on the grounds of age, gender, race, ethnicity, sexuality, disability or religion. Any information you choose to give us will be treated in confidence and will be used for monitoring purposes only. It will not affect your application for support.

PLEASE TICK APPROPRIATE RESPONSE

GENDER:	Male	Female							
	<input type="checkbox"/>	<input type="checkbox"/>							
AGE:	under 18	18-24	25-29	30-34	35-39	40-49	50-59	60-69	70 +
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ETHNICITY:									
White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Any other White background <input type="checkbox"/>						
Black or British Black	African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Any other Black background <input type="checkbox"/>						
Asian or British Asian	Bangladeshi <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>					
Mixed	White and Asian <input type="checkbox"/>	White and Black African <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	Any other Mixed background <input type="checkbox"/>					
Chinese or other ethnic group	Chinese <input type="checkbox"/>	Other – please detail							
Traveller	Gypsy <input type="checkbox"/>	Romany <input type="checkbox"/>	Irish Traveller <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>					
SEXUAL ORIENTATION:									
Bisexual <input type="checkbox"/>	Gay <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>					
DISABILITY:									
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	If yes, please tick relevant box below:					
	Mobility <input type="checkbox"/>	Visual Impairment <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>	Mental Health condition <input type="checkbox"/>					
Autistic Spectrum Condition <input type="checkbox"/>	Learning disability/difficulty <input type="checkbox"/>	Progressive Disability / Chronic Illness (e.g. MS, Cancer) <input type="checkbox"/>				Other - please detail			
RELIGION:									
Other - please detail				Buddhist <input type="checkbox"/>	Hindu <input type="checkbox"/>	None <input type="checkbox"/>			
Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>	Christian <input type="checkbox"/>	Not known <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>				

13. ADDITIONAL INFORMATION

Is there anything else that you would like to tell us?

Is there parking near to the visiting location?

Yes No Unknown

Is a parking permit required at the visiting location? If yes, are you able to provide one?

Yes No Unknown

If the applicant is eligible for a service, would you like to be present at the initial assessment with the support provider? Please note; it may not always be possible to accommodate this due to operational availability.

Yes No

Would you like to receive regular updates (from the support provider) on the individuals progress?

Yes No

Where did you hear about us?

The CARA team aim to process all referrals within 3 working days (if all necessary information has been provided). You will be contacted and informed of the eligibility decision and given signposting information as relevant.

This form can be returned by:

POST to: CARA, Sudbury House, Dencora Business Park, White House Road, Ipswich, IP1 5LT

FAX to: 01473 740261 or EMAIL to: cara@carasnap.org

For office use only

DATE REFERRAL RECEIVED:

DATE REFERRAL PROCESSED:

HAS INDIVIDUAL PREVIOUSLY APPLIED FOR A SERVICE / BEEN SUPPORTED?

PROCESSED BY (CARA TEAM MEMBER):