

SD2 - Referral Form for Supported Accommodation

Section 1 - Referral Agency Details

Referral agency & Contact details	
Reason for referral: This must be accurate all referrals must meet the need for supported housing	
Date of referral	

Section 2 - Applicant Details

Applicant name	
Address	
Contact number	
Date of birth	
National insurance number	
Gender	
Which of the following best describes your Sexual Orientation?	<div>Striaight / Heterosexual <input type="checkbox"/></div> <div>Homosexual (Gay / Lesbian) <input type="checkbox"/></div> <div>Transgender / Bisexual <input type="checkbox"/></div> <div>Prefer not to disclose <input type="checkbox"/></div> <div>Other : _____</div>
Ethnic origin as defined by client	
Next of kin & relation	
Next of kin address	
Next of kin contact number	

Section 3 - Benefits

What benefits do you receive?	How much and how often?	When is your next payment due?
Universal Credit		
ESA		
PIP		
State Pension		
Pension Credit		
Other		

Have you been in care before your 16 th Birthday?	Yes	No
Was it for more than 13 Weeks?	Yes	No
Details:		

Section 4 - Address History (3 Years)

Address	Dates	Tenure	Landlord Details	Reason for Leaving

Section 5 - Current Accommodation

What is your current Living Situation?
<input type="radio"/> Living with parents
<input type="radio"/> Living with other family or friends
<input type="radio"/> Living in a hostel or supported accommodation
<input type="radio"/> Other

And:

Why do you want to move from your current accommodation? Please Tick.
<input type="radio"/> Issues with the standard of the property
<input type="radio"/> Issues with others at the address or within the area
<input type="radio"/> Moving for better opportunities
<input type="radio"/> Need a fresh start
<input type="radio"/> Other : _____

And:

What areas do you have connections to?
Please give reason:

Section 6 - Applicant Medical Background / History

Social worker / CPN / Probation officer or other Relevant professionals	
GP name and address	
Has the client ever been: Detained / Sectioned under the mental health act or community order ? If yes please provide details	
Mental health history	
Physical health history	
Present medication and Or treatment	
Any other relevant Information	
Forensic background This information must be provided	
Do you have any other Conditions you think you MUST make us aware of?	

Section 7- Support Needs - MUST HAVE 5 OR MORE

Support Needs	Y / N	Please Provide Details
Do you have contact with any external Support teams?		
Mental health		
Single homeless with support needs		
Leisure, cultural, faith, information learning activities		
Primary health care, mental health / drug / alcohol services		
Accommodation/housing		
Safeguarding: avoiding self-harm and or causing harm to Others / avoiding harm by others		
Independent living skills		
Social isolation/contact with family / friends		
Are you engaging with support and / or are you willing to cooperate further with their support Services?		

Section 8 - Risk Assessment

Does the applicant have a history of : *Please indicate risk level LOW – MEDIUM - HIGH	L / M / H	Please provide details:
Violence, aggressive behaviour		
Self-harm / Suicide / Mental Health formal diagnosis		
Drug / Alcohol misuse		
Child Protection issues		
Sexual or Schedule 1 offence		
Criminal Convictions / Offences		
If you are on probation, please state the officers' details and the order ends.		
Self-Neglect / Neglect of others		
Antisocial Behaviour		
Damage to property		
Neighbourhood Problems		
Arson		
Rent Arrears		
Is the applicant at risk of harm from Others? if yes please state by who and provide details.		
Should any precautions be considered? When interviewing the applicant In addition, to those normally taken into consideration.		

Section 9 - Authorization – Applicant

- I give my consent to the disclosure of this information for the purpose of finding accommodation and to the disclosure of any supplementary information attached for housing purposes.
- I give my permission for the outcome of this referral to be explained to the referral agency.
- I agree to participate in a support package including support planning and assessment.

Applicant Signature: _____

Date: _____

Section 10 - Authorisation Referral Agency

Signature of person making the referral.

Sign: _____

Date: _____

Position in the company: _____

*Please return this form to if applicable: **exempt@nationalsupporthousing.org**

Supporting documentation / additional information

Please list documents attached / additional information:



Date: _____

Dear _____

RE: The General Data Protection Regulation (GDPR)-

With the new GDPR restrictions that came into force May 2018, we are writing to inform you that we hold your personal information.

The details we hold are;

- Name : _____
- Address (and history) : _____
- Contact Number : _____
- DOB: _____
- Gender : _____
- Medical History : _____

By reading and signing this letter you are giving us permission to keep these details on file.

All information is stored in a safe place and only staff and providers are able to access to these details.

Please be aware your details may be shared with local authorities and other authorities where they have a legal right to access this information.

RoomMatch's full privacy policy can be viewed on our website www.roommatch.co.uk

I _____ Give NSH & RoomMatch permission to keep my details on file.

Sign: _____

Date: _____