



SANDWELL'S YOUNG PERSON'S SINGLE REFERRAL FORM

"It is not our aim to offend you by asking particular questions, you will not be excluded for being honest. The aim of the following questions is to give you the best support in the most appropriate project" Statement produced by the young people of Rolfe House Foyer, Murdock Road and the West Bromwich YMCA.

Confidentiality Statement:

The information you give on this form will be treated in the strictest confidence and will be shared only with organisations affiliated with Sandwell's information sharing protocol.

This application form should be filled in for every applicant that requests accommodation from your organisation and returned to the address on page two of this form.

PLEASE RETURN THIS FORM TO:

Sandwell Homes
Housing Vulnerable People Service
Dartmouth House
Sandwell Road
West Bromwich
B70 8TQ
Tel: 0121 569 5099
Fax: 0121 569 5293

community_care@sandwellhomes.org.uk

Referred by:

Name	
Organisation	
Scheme	
Contact number	
Date	

Note for referring supported housing schemes:

When an applicant requests accommodation directly from your scheme you must complete pages two and three of this form and forward them to community_care@sandwellhomes.org.uk to be recorded on the data base.

If you are able to offer an interview please note the date and time below.

Name of applicant:	Date of interview:	Time of interview:	Did not Attend:

If the applicant does not attend for the interview please note "DNA" in the box above and return this page only to community_care@sandwellhomes.org.uk

Signposting from schemes

If you are not completing a full assessment because the customer doesn't meet your eligibility criteria, please complete pages two and three and forward to community_care@sandwellhomes.org.uk to be recorded on the database.

If you are signposting the customer to another provider or Housing Options, please insert details below;

Reason not eligible	Signposted to	Date signposted

Applicants Details:

Full name:	Age:	DOB:
Current/Contact Address:	Contact Number:	
	Home:	
	Mobile:	
Postcode:	Work:	
Did you sleep rough last night?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Gender Please tick the appropriate box:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
National Insurance Number:		

Are you under 24 years of age and not in employment, education or training (NEET) please tick here:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<u>Ethnic origin:</u> Please tick one box only			
White:		Black or Black British:	
British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	African	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	Any other black background	<input type="checkbox"/>
Mixed:		Other ethnic group:	
White & Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	Yemeni	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	Any other	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>		
Asian or Asian British:		Other Ethnic Origin:	<input type="checkbox"/>
Indian	<input type="checkbox"/>		
Sikh	<input type="checkbox"/>		
Pakistani	<input type="checkbox"/>		
Bangladeshi	<input type="checkbox"/>		
Any other Asian background	<input type="checkbox"/>		

Do you have proof of identification? (Birth certificate/ Passport/ driving licence)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have Leave to remain in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a refugee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have proof of your immigration status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please give details of any dependants you have:

Name	Date of Birth	Age

Are you / is your partner pregnant? Yes No

If yes, please give your estimated delivery date:-

Confirmation of pregnancy provided? Yes No

Next of kin details/contact for emergencies:	Doctor details for use in emergencies:
Name: Address: Tel:	Name: Address: Tel:

Other health needs:

Please give details of any medical conditions and any medication you are taking: e.g. epilepsy, depression etc.	
Are you registered as disabled or do you have a disability? e.g. dyslexia, learning disabilities etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:	
Are you currently under assessment for any disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:	

Housing history:

Please list the addresses that you have lived at:

Address	Landlord	Type of Accommodation	Date from	Date to	Reason for Homelessness

If you were the tenant, are there any arrears owed on any addresses? Yes No

If yes, please give details:

Address:	Amount owed: £	Payment agreement made? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Amount owed: £	Payment agreement made? Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you had any landlord disputes? Yes No

If yes, please give details:

Landlord Name	Dispute Details

Supporting information:

Please give details of your current housing situation (**including your reasons for homelessness**). This section may also be used by anyone assisting you with your application:

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Support details:

Please give details of any organisation or person that had supported you in the past.

Organisation	Date from	Date to	Nature of Support	Will Support Continue?	Contact Details
Social Services					
Probations					
Connexions					
Police					
Housing					
Health Authorities					
Substance Misuse Support Agencies					
College / Training Agency					
Leaving Care Team					
Learning Disabilities					
Other					

Please indicate what practical support or help you require by selecting as many of the following as apply:

Support Need	Details	
Economic Wellbeing	Accessing benefits	<input type="checkbox"/>
	Managing money	<input type="checkbox"/>
	Paying bills	<input type="checkbox"/>
	Managing debt	<input type="checkbox"/>
	Dealing with former rent arrears	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Enjoying and Achieving	Access or maintain education placement	<input type="checkbox"/>
	Access or maintain training placement	<input type="checkbox"/>
	Access or maintain paid or unpaid work	<input type="checkbox"/>
	Access cultural or religious activities	<input type="checkbox"/>
	Other social activities	<input type="checkbox"/>
	Completing forms & assistance with letters	<input type="checkbox"/>
Staying Safe	Managing anti social behaviour	<input type="checkbox"/>
	Managing personal safety	<input type="checkbox"/>
	Assistance with Domestic violence	<input type="checkbox"/>
	Managing health & safety at home	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Being Healthy	Assistance with substance misuse	<input type="checkbox"/>
	Life skills	<input type="checkbox"/>
	Registering with doctor/ counsellor/ dentist	<input type="checkbox"/>
	Accessing support from CMHT	<input type="checkbox"/>
	Accessing aids and adaptations	<input type="checkbox"/>
	Accessing other health services	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Making a Positive Contribution	Rebuilding relationships with family	<input type="checkbox"/>
	Meeting people/making friends	<input type="checkbox"/>
	Completing community orders	<input type="checkbox"/>
	Engaging in community activities	<input type="checkbox"/>
	Volunteering	<input type="checkbox"/>
	Other	<input type="checkbox"/>

Further Details of support required as indicated above:

Accommodation requirements:

Tick most appropriate accommodation needed

Supported Housing: fully supported with 24 hour cover	<input type="checkbox"/>
Supported Housing: semi-supported	<input type="checkbox"/>
Foyer: supported accommodation linked with education	<input type="checkbox"/>
Independent accommodation with some outreach support	<input type="checkbox"/>
Fully independent accommodation	<input type="checkbox"/>
Teenage Parent Project	<input type="checkbox"/>
Other (please state):	<input type="checkbox"/>

Would you share facilities with others? E.g. kitchen, bathroom	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have the social skills to get on with others in a shared environment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need support to develop social skills?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what support do you feel you could be offered?		
Will you require any special facilities? e.g. wheelchair access/ Visual/ hearing etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what support do you feel you could be offered?		
Are there any areas in Sandwell in which you are unable to live?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please state where and with a reason why:		

Debt

Do you owe money to	YES/ NO		Value
Provident	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Friends	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Family	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Budgeting Loan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Crisis Loan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Store Cards	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Credit Cards	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Repayment plans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Income details:

Source of income:	Income	
<u>Employed full time:</u> Name of employer: Address: Job title:	£	
	Per week <input type="checkbox"/>	Per month <input type="checkbox"/>
<u>Employed part time:</u> Name of employer: Address: Job title:	£	
	Per week <input type="checkbox"/>	Per month <input type="checkbox"/>
<u>Unemployed:</u> Type of benefit: Any deductions: Yes <input type="checkbox"/> No <input type="checkbox"/> Please give details:	£	
	Per week <input type="checkbox"/>	Per month <input type="checkbox"/>
<u>On training scheme:</u> Name of address of training provider: Title of course:	£	
	Per week <input type="checkbox"/>	Per month <input type="checkbox"/>
<u>Full time/part time student:</u> Place of study: Title of course:	£	
	Per week <input type="checkbox"/>	Per month <input type="checkbox"/>
<u>On Independent Living Allowance:</u> Name of address of training financial provider:	£	
	Per week <input type="checkbox"/>	Per month <input type="checkbox"/>
<u>On Nil income:</u> What are you living on:	£	
	Per week <input type="checkbox"/>	Per month <input type="checkbox"/>

Risk Assessment

We need you to work with us on identifying any risks for yourself or others so that together we can consider how to reduce these risks and what accommodation and support will best suit your circumstances

Is there evidence of current risk in the following areas?	Comments	Low Medium High
<p>Risks relating to economic wellbeing Consider:</p> <ul style="list-style-type: none"> • Do you have an appropriate income? • Do you have debts or rent arrears? • Are you at risk of economic abuse? • Other? 		
<p>Risks relating to physical disability Consider:</p> <ul style="list-style-type: none"> • Risk relating to physical disability or mental impairment? • Other? 		
<p>Risk of support network failing Consider:</p> <ul style="list-style-type: none"> • Is there a history of this person refusing support? • Is there risks relating to abusive or inappropriate relationships? • Are there risks of relationship breakdown with family and or friends? • Other? 		

Is there evidence of current risk in the following areas?	Comments	Low Medium High
<p>Risk of discrimination Consider:</p> <ul style="list-style-type: none"> • Previous history of harassment of discrimination, eg race, religion • Isolation due to language, gender, disability, age • Other? 		
<p>Risk of self neglect Consider:</p> <ul style="list-style-type: none"> • Is there a previous history of neglect? • Failing to eat / drink properly? • Unable to shop for self? • Self care? • Other? 		
<p>Risk of suicide or self harm Consider:</p> <ul style="list-style-type: none"> • Are there any previous attempts of suicide? • Are there any thoughts of suicide? • Is there a history of self harm? • Other? 		
<p>Risk related to substance misuse, medication use or misuse Consider:</p> <ul style="list-style-type: none"> • Is there a history of substance misuse? • Are there risks related to alcohol misuse? • Are there risks due to any side effects of medication? • Unwilling to take prescribed medication? • Other? 		

<p>Risk related to mental health issues</p> <p>Consider:</p> <ul style="list-style-type: none"> • Is there a history of mental health problems? • Are there any issues around taking medication? • Unwilling / unable to use mental health services? • Other? 		
<p>Risk of being harmed by others</p> <p>Consider:</p> <ul style="list-style-type: none"> • Domestic Violence? • Neighbour disputes? • Violence from friends or visitors? • Other? 		
<p>Risk of harm to others</p> <p>Consider:</p> <ul style="list-style-type: none"> • Is there a history of violence to others? • Current court proceedings for violent offences? • Previous convictions for violent offences • Current proceedings for damage to property? • Previous convictions for damage to property? • ASBO/CRASBO? • Other? 		
<p>Other known risks</p> <p>Consider:</p> <ul style="list-style-type: none"> • Additional risks not mentioned above? • Risks to the applicant if not accommodated? • Risks to others if applicant is not accommodated? 		

Overall Assessment of Risk:	Low/Medium/High
Risk to Self	
Risk to Others	
Risk to Property	

Proposals and or requirements for risk management?	Comments
What is likely to further reduce any risk of harm? Consider: <ul style="list-style-type: none"> Any additional statutory or other external support that may be included in a future risk management plan? Other? 	

Signed (Applicant)..... **Date:**

Name (block capitals)

Name and status of third party (if signing on the applicants behalf)

Name:

Status:

Signed (by person completing Risk Assessment)

Agency:

Date

Contact Telephone Number:

Declaration & Data Protection

Written consent for disclosure of information

Here are some of the agencies we may need to contact as part of your risk assessment (please tick those you are involved with and who we can contact).

Agency	Involved	contact
Previous Landlords	<input type="checkbox"/>	<input type="checkbox"/>
Health Services	<input type="checkbox"/>	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	<input type="checkbox"/>
Probation	<input type="checkbox"/>	<input type="checkbox"/>
Youth Offending Team	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>
Job Centre / Employment Services	<input type="checkbox"/>	<input type="checkbox"/>
Connexions	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

You are signing below to give permission for a member of the panel to contact the above agencies for additional information about you.

You understand that the information given by you in this document is true and accurate. By giving false information you could put any accommodation offered to you at risk.

I also understand that completing this form or attending an interview does not guarantee an offer of a place of accommodation.

I agree that the information given in this application to being stored electronically by the Single referral Panel.

Applicants Full Name:

Signed _____ Date

Outcome of interview:

Priority Groups:	
16/17 Homeless	<input type="checkbox"/>
Sandwell Care Leavers	<input type="checkbox"/>
Out of Borough Care Leavers	<input type="checkbox"/>
Other Vulnerable Young People 18/24	<input type="checkbox"/>
Homeless non priority	<input type="checkbox"/>
Young Families (pregnant or with dependent child)	<input type="checkbox"/>
Other	<input type="checkbox"/>

For 16/17 year old only. Who has referred to Referral and Assessment at Sandwell MBC:	
Sandwell Homes Housing Options Team	<input type="checkbox"/>
Sandwell Homes Housing Vulnerable People Service	<input type="checkbox"/>
Supported Housing Schemes (when accommodating direct referrals)	<input type="checkbox"/>

Outcome	Name of Scheme	Date
Accommodated at Scheme		
Not accommodated		
Referred to SRP Panel		
Referred to Steering Group		

If not accommodated by Scheme, indicate reason why?	
Needs too high	<input type="checkbox"/>
Risks too high	<input type="checkbox"/>
Needs and risk too high	<input type="checkbox"/>
Needs too low	<input type="checkbox"/>
Previously excluded from scheme	<input type="checkbox"/>
Other	<input type="checkbox"/>

Comments:

Referring agency, please detail any further information that you feel may be of benefit to both the young person and the Provider while the application is being considered:

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