

# Hope into Action Accommodation Referral Form



<p><b><u>About this form</u></b> This form helps us decide whether the applicant is suitable for our supported accommodation.</p> <p><b><u>Who fills it in?</u></b></p> <p>a) The <b>referring party</b>. It must be completed <b>fully</b>; if a section is not relevant, please state N/A instead of leaving blank.</p> <p>b) An <b>applicant themselves</b>. If something does not apply to you, please write N/A in that section. Please do not leave anything blank.</p> <p><b><u>Which parts should I fill in?</u></b> Every section. Don't leave anything blank. If a question or section is not relevant, please write N/A.</p> <p><b><u>What happens next?</u></b></p> <ul style="list-style-type: none"> <li>• We will let you know we have received the application.</li> <li>• If eligible, the applicant will be invited for initial interview. After this they may be invited for further assessment. Please be aware that this process can take several weeks.</li> <li>• The referring party and applicant will be informed of the outcome.</li> <li>• Please note that housing may not be available immediately. Applications may be held on file until vacancies arise.</li> </ul> <p><b><u>What if the applicant is not accepted?</u></b> The referring agency and/or applicant will be informed in writing, giving reasons for the decision.</p>	<p><b><u>Please include the following documents where relevant:</u></b></p> <ul style="list-style-type: none"> <li>• Mental Health Diagnoses</li> <li>• CPA (Care Plan Approach)</li> <li>• MAPPA (Multi-Agency Public Protection Arrangements)</li> <li>• MARAC (Multi-Agency Risk Assessment Conference)</li> <li>• Risk assessment (including OASys/safecustody or equivalent)</li> <li>• Pre-sentence report and list of previous convictions including spent convictions</li> <li>• Prescribed medication sheets</li> <li>• 2 references undertaken preferably by ministers or professionals</li> </ul> <p><b><i>If these documents are available we will need them <u>before</u> interviews can take place. If the above are not available, we require written information equivalent in nature</i></b></p> <ul style="list-style-type: none"> <li>• Any other information which you feel will support the application</li> </ul> <p><b><u>Please return this form to:</u></b></p> <p><b>[INSERT OFFICE ADDRESS (&amp; FAO NAME?) (&amp; E-MAIL ADDRESS?) HERE]</b></p>
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OFFICE USE ONLY	Date received	Date acknowledged	If no vacancies, keep on file until

## Applicant declaration & consent

I confirm that the information I have given is correct. I understand that if any information I have provided is found to be false you may withdraw any offer of housing, or if I have already moved into a Hope into Action service you may take legal action, which may result in you asking me to move out.

I give permission for you to obtain further information from other relevant agencies, which may include Probation, Social Services, local authority housing departments, local authority housing benefit departments, the Police, and benefit agencies, amongst others. I am able to refuse giving permission to share, however, as this is supported housing Hope into Action may refuse to progress with the application as we are unable to gauge what support we can offer.

Under the Data Protection Act 1998 we are required to obtain consent to share information about you with other agencies and organisations who may be involved in providing services to you. You have a right to prevent this and therefore you do not have to consent if you don't want your information shared. However, it may be difficult to provide you with the services you need if you do not give your consent.

Signed (applicant)		Date	
Print name			

## Applicant details

Full name					
Previous names					
Address					
Postcode		Home phone number			
Mobile number					
N.I. number		Nationality			
UK/European Passport Number					
Right to remain ID number					
Date of birth		Age		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Are you the same sex you were at birth?	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Do you need someone to sign for you?	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Do you need information in Braille?	No <input type="checkbox"/> Yes <input type="checkbox"/>				
Do you have any mobility issues?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please give details:				

Do you need an interpreter?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, which language?:
Which City would you like to be housed in	
Would you be prepared to move to another city	No <input type="checkbox"/> Yes <input type="checkbox"/> Please Name City or Cities.....
Please State if you are prepared for the referral to remain open if we don't have an appropriate space immediately.	No <input type="checkbox"/> Yes <input type="checkbox"/> Signed.....

**Next of kin details**

Name	
Relationship to you	
Address	
Phone number	
Are we able to contact them in emergency, if not who would you like us to contact?	

**Children and dependants**

Do you have dependent children?  Yes  No

Do you have other dependants?  Yes  No

If yes to the either of the above, please give details:

**Aplicant's Support needs**

*Please tick the areas in which you need support and willing to work on:*

Tenancy	Keeping your room/home safe, clean and tidy <input type="checkbox"/>	Learning how to cook <input type="checkbox"/>
	Notices or evictions <input type="checkbox"/>	Arranging repairs <input type="checkbox"/>
Crime	Offending <input type="checkbox"/>	Violent / aggressive behaviour <input type="checkbox"/>
Health – substance misuse	Drug reduction programme <input type="checkbox"/>	Alcohol <input type="checkbox"/>

Health – physical & mental	Getting a doctor	<input type="checkbox"/>	Depression	<input type="checkbox"/>
	Exercise	<input type="checkbox"/>	Hygiene	<input type="checkbox"/>
	Disability issues	<input type="checkbox"/>	Mental health & wellbeing	<input type="checkbox"/>
Meaningful use of time & volunteering	Volunteering	<input type="checkbox"/>	Interests / hobbies	<input type="checkbox"/>
	Short courses for leisure	<input type="checkbox"/>		
Employment, education, training	Employment	<input type="checkbox"/>	Training	<input type="checkbox"/>
	Education	<input type="checkbox"/>	Job applications & CVs	<input type="checkbox"/>
	Literacy / numeracy	<input type="checkbox"/>	Gaining basic qualifications (e.g. English, Maths)	<input type="checkbox"/>
Social & family relationships, inc. support networks	Family links	<input type="checkbox"/>	Friends	<input type="checkbox"/>
	Re-establishing or maintaining contact with children	<input type="checkbox"/>	Gaining custody or contact of children	<input type="checkbox"/>
	Other social networks	<input type="checkbox"/>	Isolation	<input type="checkbox"/>
Finance & budgeting	Paying rent / bills	<input type="checkbox"/>	Claiming benefits	<input type="checkbox"/>
	Budgeting	<input type="checkbox"/>	Clearing debts	<input type="checkbox"/>
Diversity	Cultural needs	<input type="checkbox"/>	Religion / faith	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		
Other	Domestic abuse	<input type="checkbox"/>	Legal matters not related to offending	<input type="checkbox"/>
	Gambling	<input type="checkbox"/>	Help with language	<input type="checkbox"/>

Please state any other areas in which you need support:

**Current accommodation details**

<input type="checkbox"/> No fixed abode	<input type="checkbox"/> Rehab unit	<input type="checkbox"/> Private rented
<input type="checkbox"/> Rough sleeping	<input type="checkbox"/> Prison	<input type="checkbox"/> Council tenancy with _____
<input type="checkbox"/> Sofa surfing	<input type="checkbox"/> Hospital	<input type="checkbox"/> Housing association tenancy with _____
<input type="checkbox"/> Friends / family	<input type="checkbox"/> Foster care	<input type="checkbox"/> Hostel provided by _____
<input type="checkbox"/> Parental home	<input type="checkbox"/> Bed & breakfast	<input type="checkbox"/> Supported housing with _____

**Housing History**

Have you ever lived in shared accommodation? (Not including friends / family)	<input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, what was your experience like?			
Have you ever lived in independent accommodation?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, please give details, including dates, type of housing and reason for loss of tenancy			
Where have you lived for the past five years? (Include any hospital or prison stays)			
Address	From	To	Reason for leaving
Have you ever been evicted?	<input type="checkbox"/> No <input type="checkbox"/> Yes		

<p>If yes, was the eviction for any of the following reasons:</p> <p style="text-align: center;">Because you were violent <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="text-align: center;">Because you were harassing someone <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="text-align: center;">Because of non-payment of rent <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="text-align: center;">Because you were drug taking / dealing <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="text-align: center;">Because of noise nuisance <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="text-align: center;">Because of ASB <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
Which local authority do you have the greatest local connection with?	
Are you on a local authority housing register?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, which one?
If yes, please include a copy of the housing application and bidding/homelink number:	
Have you applied to any other supported housing?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, give details of agencies and responses received.

**Offending history – if none, please tick:**

*Please state applicant's current sentence or give details of most recent sentence.*

<input type="checkbox"/> Prison	<p>Offence:</p> <p>Length of sentence:</p> <p>Likely release date and type of release:</p> <p>Name and address of prison:</p> <p>Prison number:</p>
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<input type="checkbox"/> Community Order <input type="checkbox"/> Suspended Sentence Order	<p>Offence:</p> <p>Please tick all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Unpaid Work</td> <td><input type="checkbox"/> Prohibited Activity</td> </tr> <tr> <td><input type="checkbox"/> Specified Activity</td> <td><input type="checkbox"/> Exclusion</td> </tr> <tr> <td><input type="checkbox"/> Programme</td> <td><input type="checkbox"/> Curfew</td> </tr> <tr> <td><input type="checkbox"/> Residence</td> <td><input type="checkbox"/> Supervision</td> </tr> <tr> <td><input type="checkbox"/> Mental Health Requirement</td> <td><input type="checkbox"/> Attendance Centre</td> </tr> <tr> <td><input type="checkbox"/> Drug Rehabilitation</td> <td><input type="checkbox"/> Alcohol Treatment</td> </tr> </table> <p>Start date: _____ Finish date: _____</p>	<input type="checkbox"/> Unpaid Work	<input type="checkbox"/> Prohibited Activity	<input type="checkbox"/> Specified Activity	<input type="checkbox"/> Exclusion	<input type="checkbox"/> Programme	<input type="checkbox"/> Curfew	<input type="checkbox"/> Residence	<input type="checkbox"/> Supervision	<input type="checkbox"/> Mental Health Requirement	<input type="checkbox"/> Attendance Centre	<input type="checkbox"/> Drug Rehabilitation	<input type="checkbox"/> Alcohol Treatment
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<input type="checkbox"/> Home Detention Curfew	<input type="checkbox"/> Life Licence												

**Please provide details of past offences or investigations:**

<p>Do you have any history of the following:</p>	<p>Tick all that apply</p> <p>Arson: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Risk to children: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Sex offences: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Offense against vulnerable adults: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Violence: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Child Protection Issues: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Supply of Illegal Drugs: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Have you ever been convicted of a Malicious Damage or Arson criminal offence that remains unspent as per the rehabilitation of offender's act 1974</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are you registered under the sex offenders Registration Act (1997)?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are you or do you think you may be on the barred list for working with children or vulnerable adults?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are you on a MARAC</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Are you on a MAPPA	Yes <input type="checkbox"/> No <input type="checkbox"/>
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	Date	Offence(s)	Sentence received
Please give details of previous offences (or attach list of previous convictions)			
Please list any court cases/police investigations pending/ongoing, or state none			

**Substance use**

Substance users must be stable or addressing their drug / alcohol misuse in a planned approach via support services. This is because of the management and health and safety problems caused by chaotic substance users in a shared residential environment.

Are you using, or have you ever used, any of the following?	Current	Previous	Never
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines (speed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crystal Meth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates/Opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
'Legal highs', i.e. New Psychoactive Substances (NPSs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solvents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tranquillisers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please tell us about your previous and current drug use E.g. how much did you use, how often, when was the last time, triggers or reasons for drug use	
Do you carry a Narloxone Pack?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you on or awaiting any drug or alcohol treatment programme?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details of agency and programme:
In a typical week how many units of alcohol do you drink?  Please tell us about your current and previous alcohol use E.g. how much, how often, when was the last time, any triggers you're aware of	

### Physical and Mental Health and Wellbeing

Are you registered with a GP? <input type="checkbox"/> No <input type="checkbox"/> Yes  If yes, please provide name and address:	
Do you have any concerns about your:	
Mental / emotional health & wellbeing	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Previously
Medical / physical health	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Previously
If yes or previously, please provide details (this might include treatment received, medication taken, symptoms etc.)	

If you suffer from mental health issues how would we know you are becoming unwell (describe attitudes, behaviour, etc):

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### Meaningful use of time and employment

Please write something about the things you have done, currently do, and/or would like to do to occupy your time:

Employment, education, training

Sport, music, arts, other hobbies and talents

Literacy / numeracy needs, including help with language

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### Support Networks / family and friends

Please give some details about your support networks, both positive and negative

Family links

Peers / friends

Domestic Abuse

Other Faith groups/clubs

Do you feel Isolation / loneliness

Other social networks

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### Financial situation

What is your current income?  
(tick all that apply)

Jobseeker's Allowance (JSA)

Working Tax Credits

Employment Support Allowance (ESA)

Child Tax Credits

Disability Living Allowance (DLA)

Income Support

Personal Independence Payment (PIP)

Wages

Other: \_\_\_\_\_

How much money do you receive, and how often?	
Do you have any rent arrears?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details, including the amount owed, and any agreements you have made to repay them
Do you have any other debts? (e.g. Council Tax, benefit overpayments, payday loans, credit cards, catalogues)	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details, including the amount owed, and any agreements you have made to repay them

**Your goals, interests and motivation**

How would you like to benefit from supported housing? Are there any skills or interests you would like to develop? Please include anything else about yourself or your situation which may be helpful to Hope into Action staff when considering your suitability for temporary supported housing.

On a scale of 0-9 please tell us where you feel you are in your need to change; 0 being you have no need to change and 9 you completely need to change:

0, 1, 2, 3, 4, 5, 6, 7, 8, 9 – please circle as appropriate.

What were the factors that helped you decide to circle the number you did:

On a scale of 0-9 please tell us where you feel you are able to change; 0 being completely unable and 9 completely able:

0, 1, 2, 3, 4, 5, 6, 7, 8, 9 – please circle as appropriate.

What were the factors that help you decide to circle the number you did:

Our average length of stay is 18 months. During your stay with us what would you like to achieve:

### **Risk of harm assessment / Safety issues**

Referrer, please indicate whether you consider the applicant to present a risk in any of the following categories:

- To self
- To the community
- Towards staff
- Towards previous victims
- Towards other residents
- From others

Is there any history of the following:	
<p><b>By</b> the client?</p> <input type="checkbox"/> Physical abuse <input type="checkbox"/> Mental abuse <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Racial abuse <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Intimidation/Bullying <input type="checkbox"/> Damage to property	<p><b>Towards</b> the client?</p> <input type="checkbox"/> Physical abuse <input type="checkbox"/> Mental abuse <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Racial abuse <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Intimidation/Bullying <input type="checkbox"/> Damage to property
<p>Where a risk of harm is identified, please give details, considering the following factors:</p> <ul style="list-style-type: none"> <li>• What will increase / reduce the risk?</li> <li>• What type of harm is likely to occur?</li> <li>• How severe would this be?</li> <li>• How likely is this to happen?</li> <li>• What is the consequence of the applicant living in a Hope into Action property?</li> <li>• What is your assessment based on?</li> </ul>	

**Other agencies**

*If you are receiving help from any other person or agency, please list them here (e.g. doctor, social worker, Probation officer, community psychiatric nurse, advocate, family, friend etc.). Hope into Action may contact them as part of our assessment process to discuss your housing and support needs. It is essential Hope into Action has this information to ensure we can offer appropriate accommodation and support.*

Name(s)	Job title & agency	Contact address	Telephone & email address


## Referrer details

Name			
Job title			
Address			
Postcode		Contact number	
Email address			
Relationship to Applicant			

## Referrer's assessment

What is the current housing situation of the applicant? Why do they need supported housing?
Why do you feel Hope into Action would be a suitable supported housing option for the applicant?
Your assessment should include information about the following points: <ul style="list-style-type: none"><li>• Risk of harm</li><li>• Offending history/ likelihood of re-offending</li><li>• Behaviour traits</li><li>• Attitudes (especially on cultural / racial diversity, gender, sexual orientation)</li><li>• Motivation to address support needs</li><li>• Attendance and engagement with support agencies, e.g. Probation, drug/alcohol agencies</li><li>• Any other information that would be helpful to staff assessing suitability of the applicant</li></ul>

How long have you known the applicant? What is your knowledge of the applicant's suitability to live in shared supported accommodation?  
(If you don't know him/her well enough to make informed comments, please state this.)

What is the current and future level of contact you plan to have with the applicant?

I confirm that, to the best of my knowledge, the information contained within this application is truthful, accurate and as complete as possible.

Signed (referrer):

Date:



## Monitoring

Hope into Action is committed to eliminating discrimination and promoting equality of opportunity. To ensure this we monitor the race, ethnicity, gender and disability of all applicants.

Your information will be treated in the strictest confidence and used only as described above. It will not form part of the decision making process.

*You do not have to complete this section if you don't want to.*

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Prefer not to say
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Age:	<input type="checkbox"/> Under 20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60	<input type="checkbox"/> 61+
	<input type="checkbox"/> Prefer not to say					

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
If yes, what sort of disability?			
<input type="checkbox"/> Sight disability	<input type="checkbox"/> Hearing disability	<input type="checkbox"/> Physical disability	
<input type="checkbox"/> Learning disability	<input type="checkbox"/> Mental health disability	<input type="checkbox"/> Prefer not to say	

Sexuality:	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Homosexual	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Prefer not to say
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Religion: _____	<input type="checkbox"/> Prefer not to say
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Which group best describes your ethnicity?

Prefer not to say

White	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Other
Black or Black British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other
Asian or Asian British	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi
	<input type="checkbox"/> Other		
Chinese	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other	
Mixed	<input type="checkbox"/> White and black Caribbean		<input type="checkbox"/> White and black African
	<input type="checkbox"/> White and Asian		<input type="checkbox"/> Other
Gypsy and traveler	<input type="checkbox"/> Romany Gypsy	<input type="checkbox"/> Traveller – Irish origin	<input type="checkbox"/> Traveller - other
	<input type="checkbox"/> Other		