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# Form: Referral

Updated September 2020

**PROJECT FOR PEOPLE WITH A HISTORY OF OFFENDING**

* All written and verbal information concerning this referral will be treated as strictly confidential in line with East Midland Homes Cooperative’s confidentiality policy.
* EMHC is committed to protecting the privacy and security of all personal information we hold in line with the Data Protection Act 2018.
* The enclosed form is to be completed by the referring agency with the applicant

|  |
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| **Please ensure that ALL sections of this form are completed thoroughly and that requested reports are attached. Please tick to indicate any reports which accompany this referral form:-** |
| Social work / CPA report | **[ ]**  |  | Current / previous placement report | **[ ]**  |
| Police antecedents | **[ ]**  |  | Pre-sentence report | **[ ]**  |
| Psychiatric report | **[ ]**  |  | Pathway plan | **[ ]**  |
| Other (please specify) | **[ ]**  |       |  |

Does the applicant wish to be considered for accommodation in the

**Nottingham** area? **YES [ ]  NO [ ]**

**Derby** area? **YES [ ]  NO [ ]**

**Long Eaton** area? **YES [ ]  NO [ ]**

**Eastwood** area? **YES [ ]  NO [ ]**

**Lowdham** area? **YES [ ]  NO [ ]**

**Gainsborough** area? **YES [ ]  NO [ ]**

If you have ticked ‘YES’ to more than one areas, please state preferred area and send the completed form to referrals@emhc.org.uk

**Preferred Area:-**

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| **1. Applicant** |
| **Date of referral** |       |
| **Name of applicant** |       |
| **Date of Birth** |       |
| **Current Address** |       |
|  |  |
| **Current accommodation type** (e.g. private rented, with family, hostel, with friends, hospital)      |
| **Home phone no** |       |
| **Mobile** |       |
| **National Insurance no** |       |
| **Does the applicant have any children?** (if so, please give details)      |
| **If the applicant is registered on a local authority housing list please give details:-****Local Authority**      **Ref No.**       |
| **Please list applicant’s main addresses for the last 5 years** |
| **Type of accommodation** **and address** | **Reason for leaving** | **Date From** | **Date****To** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

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| **2. Referrer** |
| **Name of referrer** |       |
| **Phone no** |       |
| **Organisation** |       |
| **Email address** |       |
| **Postal address** |       |
| **How long have you known the applicant?** |       |
| I confirm that the information provided in this form is, to the best of my knowledge, full and accurate at the time of completion. |
| **Signed by referrer**(please type name if completing on computer) |       | **Date** |       |

**3. Equal opportunities monitoring**

Transform is committed to providing an excellent service to all clients, irrespective of ethnicity, gender, sexual orientation, religion, disability or age. The information requested on this page is strictly confidential and is used by Transform for monitoring purposes only and will not be used for selection purposes. The applicant can choose whether they wish to provide this information or not – their choice will not affect the application in any way.

Please complete sections A to E of this page, ticking one box for each section.

|  |
| --- |
| **A. Ethnic origin** (as defined by the applicant) |
| **White:** | British | **[ ]**  | Irish  | **[ ]**  | Other  | **[ ]**  |  |  |
| **Mixed:** | White & Black Caribbean  | **[ ]**  | White & Black African  | **[ ]**  | White & Asian | **[ ]**  | Other | **[ ]**  |
| **Asian or Asian British:** | Indian | **[ ]**  | Pakistani | **[ ]**  | Bangladeshi  | **[ ]**  | Other | **[ ]**  |
| **Black or Black British:** | Caribbean | **[ ]**  | African | **[ ]**  | Other | **[ ]**  |  |  |
| **Chinese or other ethnic group:** | Chinese | **[ ]**  | Other | **[ ]**  |  |  |  |  |
|  | Gypsy / Romany / Irish Traveller | **[ ]**  | Do not wish to disclose  | **[ ]**  |  |  |  |  |

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| **B. Gender** (as defined by the applicant) |
| Female | **[ ]**  |  | Male | **[ ]**  | Do not wish to disclose | **[ ]**  |
|  |
| Other(please specify) | **[ ]**  |       |

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| **C. Sexual orientation** (as defined by the applicant) |
| Bisexual | **[ ]**  |  | Gay man | **[ ]**  | Gay woman / lesbian | **[ ]**  |
|  |
| Heterosexual/straight | **[ ]**  |  | Other | **[ ]**  |  | Do not wish to disclose | **[ ]**  |

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| **D. Religion / faith** (as defined by the applicant) |
| None | **[ ]**  |  | Buddhist | **[ ]**  |  | Christian (all denominations) | **[ ]**  |
|  |
| Hindu | **[ ]**  |  | Jewish | **[ ]**  |  | Muslim | **[ ]**  |
|  |
| Sikh | **[ ]**  |  | Other | **[ ]**  |  | Do not wish to disclose | **[ ]**  |

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| **E. Disability** (as defined by the applicant) |
| None | **[ ]**  |  | Mobility | **[ ]**  |  | Visual Impairment | **[ ]**  |
|  |
| Hearing Impairment | **[ ]**  |  | Mental health | **[ ]**  |  | Learning disability | **[ ]**  |
|  |
| Progressive disability /chronic Illness | **[ ]**  |  | Other | **[ ]**  |  | Do not wish to disclose | **[ ]**  |

**4. Offending history**

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| **Is the applicant subject to any court orders YES**[ ]  **NO**[ ] (e.g. Supervision order, HDC, DRR, PPO)**If ‘YES’, please give details below:** |
| **Type of order:**  |       |
| **Date of commencement:**  |       |
| **Completion date:**  |       |
| **Nature of offence for which the order was imposed:**  |       |
| **Name of supervising officer and Team:**  |       |
| **Tel No:**  |       |

Does the applicant have any outstanding court dates? **YES[ ]  NO[ ]**

**If ‘YES’ please give details:-**

|  |
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| Does the applicant have any previous convictions? **YES[ ]  NO[ ]** **If ‘YES’, please list below:-** |
|  | **Date of offence** | **Nature of offence** | **Sentence imposed** |
|  |       |       |       |

**5. Learning disabilities**

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| --- | --- |
|  | **Does the applicant have learning disabilities?**  **YES[ ]  NO[ ]**  |
|  | **If ‘YES’, please give details of what support the applicant receives:-**      |
|  | **Please give details of any potential changes to the support if the applicant were to move to this accommodation:**      |
|  | **Does the applicant have a current care plan?**  **YES[ ]  NO[ ]**  |
|  | **Name of support provider**       |
|  | **Tel No**       |

**6. Mental health**

**Does the applicant have a history of mental health issues? YES[ ]  NO[ ]**

**If ‘YES’ please provide the following information (if ‘NO’ please turn to next page):-**

|  |  |
| --- | --- |
|  | **Nature of mental health issues (please give formal diagnosis if one exists)**      |
|  | **Please indicate the level of the applicant’s insight regarding their mental health**      |
|  | **Have there been any psychiatric admissions in YES[ ]  NO[ ]** **the past 3 years?****If ‘YES’ please provide details:-**      |
|  | **Does the applicant have any history of self-harm? YES[ ]  NO[ ]** **If ‘YES’ please provide details:-**      |
|  | **What are the likely triggers which may lead the applicant to suffer a mental health relapse?**      |
|  | **What symptoms does the client display when unwell?**       |
|  | **Please list any medication currently taken**      |
|  | **Is the applicant reliable in self-medicating? N/A[ ]  YES[ ]  NO[ ]** **If the applicant receives support for their mental health issues, please give details of support provider below:** |
|  | **Name:**       |
|  | **Agency:**       |
|  | **Tel No:**       |

**7. Substance use**

Does the applicant have a history of any of the following? (please tick relevant boxes):

Problems linked to alcohol use **YES[ ]  NO[ ]**

Use of illegal drugs (including cannabis) **YES[ ]  NO[ ]**

**Please state drugs used:**

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Dependency on prescribed medication **YES[ ]  NO[ ]**

**Please state medication:**

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Solvent dependency **YES[ ]  NO[ ]**

**If ‘YES’ to any of the above please provide information below. If ‘NO’ turn to next page**

|  |  |  |
| --- | --- | --- |
|  | **When did alcohol/substance use begin?** |       |
|  | **Date applicant last took alcohol/substance:** |       |
|  | **If the alcohol/substance use is linked to any behavioural or anger management issues please give details below:**      |
|  | **If the applicant receives support for their alcohol/substance use, please give details of support provider:-** |
|  | **Name** |       |
|  | **Agency** |       |
|  | **Tel no** |       |

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|  | **Is the applicant currently undergoing a detoxification or treatment programme?**If ‘YES’ please answer the following questions: | **YES[ ]  NO[ ]**  |
|  | **Organisation providing treatment** |       |
|  | **Address** |       |
|  | **Name of keyworker** |       |
|  | **Tel no** |       |
|  | **Date treatment commenced** |       |
|  | **Treatment end date** |       |
|  | **Details of care manager or agency that referred the applicant for treatment / detoxification:** |
|  | **Name** |       |
|  | **Agency** |       |
|  | **Tel no** |       |

|  |  |  |
| --- | --- | --- |
|  | **Has the applicant attended a treatment or detoxification programme in the past?**If ‘YES’ please answer the following questions: | **YES[ ]  NO[ ]**  |
|  | **Name of treatment centre** |       |
|  | **Tel no** |       |
|  | **Date attended** |       |

**8. Finances**

|  |  |  |
| --- | --- | --- |
|  | **Is the applicant currently employed?** | **YES[ ]  NO[ ]**  |
|  | If ‘YES’ please give details: |  |
|  | **Occupation** |       |
|  | **Company name** |       |
|  | **Date work commenced** |       |
|  | **Hours worked** |       |

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| **Is the applicant in receipt of any of the following state benefits?** (please tick) |
| Universal credit | **[ ]**  | Incapacity benefit | **[ ]**  | ESA | **[ ]**  |
| Hardship allowance | **[ ]**  | DLA / PIP | **[ ]**  | Housing benefit | **[ ]**  |
| JSA | **[ ]**  | Other (please state) |       |  |

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| **If eligible, to apply for housing benefit the applicant will need to provide proof of identity. Does the applicant have any of the following?** (please tick) |
| Birth certificate | **[ ]**  | Valid passport | **[ ]**  |
| Proof of national insurance number | **[ ]**  | Bank account | **[ ]**  |

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| **Does the applicant have any rent arrears owing? YES[ ]  NO[ ]** **Does the applicant have savings in excess of £6,000 YES[ ]  NO[ ]** **Does the applicant have any history of gambling problems? YES[ ]  NO[ ]** **Does the applicant have any outstanding debts** (under or over £20,000)**? YES[ ]  NO[ ]** **Does the applicant require help to manage their finances? YES[ ]  NO[ ]**  |
|  | **If ‘YES’ to any of the above please give details:**      |

**9. Domestic / living skills**

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| **What level of domestic/living skills does the applicant have?** (please tick appropriate box)**If the applicant has no difficulties with any of these tasks, please tick here and move to section 10 below [ ]**  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **High support needs** | **Some support needs** | **No support required** |
| Wake and get self up | **[ ]**  | **[ ]**  | **[ ]**  |
| Wash and dress self | **[ ]**  | **[ ]**  | **[ ]**  |
| Use washing machine | **[ ]**  | **[ ]**  | **[ ]**  |
| Cook adequately and safely | **[ ]**  | **[ ]**  | **[ ]**  |
| Clean up | **[ ]**  | **[ ]**  | **[ ]**  |
| Travel independently | **[ ]**  | **[ ]**  | **[ ]**  |
| Shop on own | **[ ]**  | **[ ]**  | **[ ]**  |
| Be on own | **[ ]**  | **[ ]**  | **[ ]**  |
| Share with non-family members | **[ ]**  | **[ ]**  | **[ ]**  |
| Share with opposite sex | **[ ]**  | **[ ]**  | **[ ]**  |
| Structure the day | **[ ]**  | **[ ]**  | **[ ]**  |
| Read and write | **[ ]**  | **[ ]**  | **[ ]**  |
| Learn from mistakes | **[ ]**  | **[ ]**  | **[ ]**  |
| Understand house rules | **[ ]**  | **[ ]**  | **[ ]**  |

**10. Other support needs**

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| **What level of support does the applicant need in the following areas?** (please tick appropriate box) |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **High support needs** | **Some support needs** | **No support required** |
| Budgeting | **[ ]**  | **[ ]**  | **[ ]**  |
| Debt management | **[ ]**  | **[ ]**  | **[ ]**  |
| Benefit claims | **[ ]**  | **[ ]**  | **[ ]**  |
| Employment / work experience | **[ ]**  | **[ ]**  | **[ ]**  |
| Training / education | **[ ]**  | **[ ]**  | **[ ]**  |
| Counselling | **[ ]**  | **[ ]**  | **[ ]**  |
| Anger management | **[ ]**  | **[ ]**  | **[ ]**  |
| Develop confidence | **[ ]**  | **[ ]**  | **[ ]**  |
| Emotional support | **[ ]**  | **[ ]**  | **[ ]**  |
| Communication skills | **[ ]**  | **[ ]**  | **[ ]**  |
| Liaison with other agencies | **[ ]**  | **[ ]**  | **[ ]**  |
| Re-establish contact with family | **[ ]**  | **[ ]**  | **[ ]**  |
| Access to local organisations | **[ ]**  | **[ ]**  | **[ ]**  |
| Managing physical health | **[ ]**  | **[ ]**  | **[ ]**  |
| Cultural, religious or lifestyle needs | **[ ]**  | **[ ]**  | **[ ]**  |
| Other (please specify): |       |

**11. Risk assessment**

**Please tick the boxes below to indicate if the applicant has any history (past or current) of the items listed.**

|  |  |  |
| --- | --- | --- |
| **Risk** | **Yes** | **No** |
| Damage by fire / arson | **[ ]**  | **[ ]**  |
| Sexual offences | **[ ]**  | **[ ]**  |
| Wilful damage / damage to property | **[ ]**  | **[ ]**  |
| Offences against children | **[ ]**  | **[ ]**  |
| Drug related offences | **[ ]**  | **[ ]**  |
| Violence to others | **[ ]**  | **[ ]**  |
| Abuse / harassment of others | **[ ]**  | **[ ]**  |
| Anti-Social behaviour | **[ ]**  | **[ ]**  |
| Exploitation by others | **[ ]**  | **[ ]**  |
| Self-harm | **[ ]**  | **[ ]**  |
| Suicide attempts | **[ ]**  | **[ ]**  |

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| --- | --- |
|  | **If you have ticked ‘Yes’ for any of the items above, please provide details below:-**      |

**12. Well-being / health**

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| **Does the applicant suffer from any of the following?** (please tick) |
| Mobility difficulties | **[ ]**  | Anger management | **[ ]**  | Asthma | **[ ]**  |
| Eating disorder | **[ ]**  | Physical disability | **[ ]**  | Diabetes | **[ ]**  |
| Obsessive compulsive disorder | **[ ]**  | Visual impairment | **[ ]**  | Epilepsy | **[ ]**  |
| Current health issues  | **[ ]**  | Hearing impairment | **[ ]**  | Anxiety/stress | **[ ]**  |
|  | **If you have ticked any of the boxes above, please provide details, including any support available to applicant**:      |

**13. Weekly routine**

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| Please provide details of any weekly routine the applicant has including any support: |
|  | **Morning (am)** | **Afternoon/evening (pm)** |
| **Monday** |       |       |
| **Tuesday** |       |       |
| **Wednesday** |       |       |
| **Thursday** |       |       |
| **Friday** |       |       |
| **Saturday** |       |       |
| **Sunday** |       |       |

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| **14. Additional support** |

|  |  |  |
| --- | --- | --- |
|  | **Does the applicant receive support from family members?** | **YES[ ]  NO[ ]**  |
|  | **Does the applicant receive any other support not yet specified on this form?** | **YES[ ]  NO[ ]**  |
|  | **If ‘YES’ please provide the following information:** |  |
|  | **Name of support provider:** |       |
|  | **Agency:** |       |
|  | **Tel no:** |       |

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| **Declaration to applicant:**The information given in this form will be used for assessment purposes only (excepting section 3 which is used solely for equal opportunities monitoring and is not used for assessment purposes). All written and verbal information concerning this referral will be treated as strictly confidential by EMHC. If your application is successful, this information will be held on file and you will have the right of access to it.**To be signed by the applicant:**I hereby give my permission for the information provided on this form to be given to EMHC. I also give my permission for EMHC to contact other agencies regarding my support needs, health / psychiatric history and details of any court convictions. **PLEASE NOTE:** If this form is being completed on computer, please type in the applicant’s name below to indicate that they have read and understood the above and give their permission for the enclosed information to be provided to EMHC. |
| **Signed by applicant** |       |
| **Date** |       |

Please email, post or fax the completed referral form to:-

Email: referrals@emhc.org.uk

Post to: Support Team,

East Midland Homes Cooperative,

27-31 Carlton Road,

Nottingham NG3 2DG

Tel: 0115 990 2150

Fax: 0845 4747 219