**Housing First based service referral form**

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| **Please attach previous support plans & risks assessments where appropriate and please return to** housingfirst@transformcd.org |

**Referral Information**

Transform Community Development community-based Housing First Team have the capacity to offer specialised housing support. It is for individuals who have complex support needs and require longer-term support to minimise the chance of repeat homelessness. Support will be based on Housing First principals.

By having a permanent tenancy, service users are in a better position to access community support, health care and benefits.

This referral will be assessed on a standalone basis to ascertain if our service is suitable. Please ensure to add as much detail as possible as this will help ensure that process is adequately assessed, in a timely manner. The individual referred must sign to give consent at the end of this referral.

The attached screening tool outlines the criteria for acceptance to the programme.

Assessed complex needs *i.e.* physical and/or mental health issues, history of problematic substance use, criminal justice issues *etc.* (this list is not exhaustive)

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| **SECTION 1: Contact Details** |

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| --- | --- | --- |
| Name of Referrer  | Agency/contact details | Date |
|  |  |  |

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| --- |
| **Personal details of individual** |

|  |  |
| --- | --- |
| Name |  |
| Age |  |
| Date of Birth |  |
| National Insurance number |  |
| Gender |  |
| Ethnic Origin |  |
| Contact address  |  |
| Email Address  |  |
| Contact number |  |

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| --- |
| **Emergency contact and/or NOK** |

|  |  |
| --- | --- |
| Name  |   |
| Relationship |  |
| Address |  |
| Contact Number  |  |

Do we have permission to contact this person in an emergency?

|  |  |
| --- | --- |
| Yes | No  |

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| **SECTION 2 - Support** |

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| **Income** |

Include benefits, employment and/or funding.

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| --- | --- |
| Income Type |  |
| Frequency |  |
| Amount |  |
| Date of last Payment  |  |

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| **Medical information: If individual is currently registered with a GP please provide details**  |

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| --- | --- |
| General Practitioner  |  |
| Surgery |  |
| Address |  |
| Contact Number |  |

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| **Medical Conditions: Please detail any known conditions- Physical and/or Mental Wellbeing** |

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| Medical Conditions / Health concerns | Medications |
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| **Substance use history, issues, treatment attempts, overdose risks etc.** |

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| Substance | Amount | Treatment History | Method of use | Current use  |
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| **Treatment programme: please indicate if individual has a current prescription**  |

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| Opioid Substitute Treatment? |  |
| Medication & Amount  |  |
| 6- or 7-day prescription – dispensing arrangements? Please include chemist |  |

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| **Community Justice: Does the individual have any current/pending court proceedings? If yes, please detail** |

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| --- | --- | --- |
| Case  | Court Date | Comments  |
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| --- | --- | --- |
| Previous Convictions | Date  | Details  |
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| **Support network, Including family support** |

Please include all support history including any referrals made

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| --- | --- | --- | --- | --- |
| Name | Agency/relationship to Individual  | Reason for initial referral  | Current Engagement | Contact number |
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| **SECTION 3 – Housing**  |

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| **Accommodation history, including episodes of homelessness** |

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| Does the Individual have a live housing application?  |

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| Does the individual have experience in any of the following? |

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| Local Authority

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 Secure tenancy

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 SSST Homeless HPU

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|  |

Refuge

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Kinship care

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|  |

Young person

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Bed & Breakfast  | Housing Association

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|  |

Secure tenancy

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SSST  | Private Let

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Assured Tenancy

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Short Assured Tenancy  | Living c/o

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Sofa Surfing

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Rough Sleeping Family

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| Previous Temporary Accommodation  | Dates of stay  | Reason for leaving |
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|  |  |  |  |
| --- | --- | --- | --- |
| Previous tenancies | Length of stay |  Landlord | Reason for leaving  |
|  |  |  |  |

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| **SECTION 4 - Risk** |

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| Risk: Do you have any reason to believe this person is a risk or at risk? If so please indicate below |

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| Risk to self | Comment  |
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| --- | --- |
| Risk to others | Comment |
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| --- | --- |
| **Risk from others**  | **Comment** |
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| --- | --- |
| Risk to Property | Comment |
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| **SECTION 5 – Statement of support from referee(s)** |

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| **Please provide the reason for the referral and outline any information that would support this referral.** |

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| **Referrers supporting statement** |

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| **SECTION 6 – Domestic skills/strengths** |

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| Topic | Good | Fair | Poor |
| Money matters |  |  |  |
| Health & safety within the home |  |  |  |
| Diet & food preparation |  |  |  |
| Organisational skills |  |  |  |
| Recreation, leisure & well-being |  |  |  |
| Maintaining the home |  |  |  |
| Housework e.g. cleaning, laundry *etc.* |  |  |  |
| Personal hygiene |  |  |  |

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| --- | --- | --- | --- | --- |
| **Please advise the applicant that we will contact professional bodies in order to progress the referral. This may include contacting:*** DWP
* Dundee City Council
* Social Work Dept.
* Health professionals *i.e*. NHS services
* Police/law enforcement teams
* Housing Options
* Homeless services
* Other Voluntary Services

**Please ask the service user to read, sign and date this section as appropriate.**

|  |  |
| --- | --- |
| Yes  | No  |

Do you give consent to Dundee Housing First Support Team Is there any professional body that the service user does not want us to contact?

|  |  |
| --- | --- |
| Yes | No  |

If yes, please provide information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please be advised that if there are professional bodies you do not want us to contact, there may be a delay in your assessment. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Referrers: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **OFFICE USE ONLY**  |

|  |  |  |
| --- | --- | --- |
| **Referral received**  | **Date** | **Signed**  |
| **Referral discussed at panel**  |  |  |

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| --- |
| **Decision** |

|  |  |  |
| --- | --- | --- |
| **Status**  | **Date** | **Signed**  |
| **Open**  |  |  |
| **Closed**  |  |  |