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| **HORTON HOUSING REFERRAL FORM** | | | | | | |
| **Scheme:** | Selby StayWell service | | **Date of Referral:** | |  | |
| **PRIVACY STATEMENT** | | | | | | |
| **For when the Referral Form is completed by applicant** (self-referral)  To be able to process your referral, we need to record, store and process details about your needs, housing and support. This may contain your personal data, and includes ‘special category data’ such as information about your health, ethnicity, religion etc.  We ask for this information, so we can make a decision about whether our service is the best one for you, or whether there is a more suitable service elsewhere. We will record this information on paper and on our secure electronic system. We also use the special category data for monitoring purposes, to make sure our services are fair and easy to access, and to meet funding requirements.  You don’t have to answer any question that you don’t want to, and you should let us know if you don’t want to give us some of the information we ask for. However, this may affect our ability to provide you with an appropriate service.  We will share the outcome of this referral with the person who referred you to us. We may also contact other professionals and agencies who have knowledge of you currently or in the past *(e.g. health/housing professionals, Police, Probation).* This is so we can get additional information about your needs, and so we are aware of any risks *(e.g. police check, landlord reference).*  Further information can be found in our Client Privacy Notice, which is available on request or can be downloaded from our website [www.hortonhousing.co.uk](http://www.hortonhousing.co.uk)  **Please confirm the following statements by signing and dating the authorisation:** *(please note that we are unable to proceed with your referral without this confirmation)*   * I authorise Horton Housing to process my personal information for the reasons that have been explained; * I confirm that the information I will provide on this form will be correct and true to the best of my knowledge; * I understand that my information may be shared with other agencies/professionals as described above; * I acknowledge that I have been made aware of the Client Privacy Notice, which explains how my personal details will be managed. | | | | | | |
| **Applicant Signature:** | |  | | **Date:** | |  |
| **For when the Referral Form is completed by a third-party on behalf of the applicant**  I confirm that the above information has been explained to the applicant, and that I have the authority of the applicant to provide the information captured on this form. All information that I will provide will be correct at the time of completion and to the best of my knowledge. | | | | | | |
| **Referrer Signature:** | |  | | **Date:** | |  |

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| **APPLICANT DETAILS** | | | | | | | | | | | |
| **Name** | Title:  First Name:  Surname: | | | | | | | | | | |
| **Gender** | Male  Female  Prefer not to say | | | | | | | | | | |
| Is this the gender assigned at birth? Yes  No  Prefer not to say | | | | | | | | | | |
| **D.O.B** |  | | | | | | | | | | |
| **Client Analysis Status** | Single  Couple  Family | | | | | | | | | | |
| **Address** |  | | | | | | | | | | |
| **Home Telephone** |  | | | | **Mobile Number** | | | | |  | |
| **Email Address** |  | | | | | | | | | | |
| **Is the Applicant pregnant or have they given birth in the last 26 weeks?** | Yes  No  Prefer not to say  **Approx. Due Date** *(if applicable):* | | | | | | | | | | |
| **NINO** | Unknown | | | | | | | | | | |
| **Source of Referral** | Internal Transfer  Self-Referral  Family/Friend  Other Social Landlord  Social Services  Police  Probation Service  Prison  Job Centre/DWP  Local Authority/Council | | | | | Home Office  Youth Offending Team  Community Mental Health Team  Health Service/GP  Voluntary Agency  Housing Options  Drug/Alcohol Agency  Education/Training  Other  *Please state:* | | | | | |
| **REFERRER DETAILS** *(If applicable)* | | | | | | | | | | | |
| **Referral Agency** |  | | | | | | | | | | |
| **Referrer’s Name & Role** |  | | | | | | | | | | |
| **Referrer Address** |  | | | | | | | | | | |
| **Referrer Telephone Number** |  | | | | | | | | | | |
| **Referrer Email** |  | | | | | | | | | | |
| **APPLICANT INFORMATION** | | | | | | | | | | | |
| **Marital Status** | Single  Married  Cohabiting | | | Civil Partnership  Widowed  Separated | | | | | | | Divorced  Prefer not to say |
| **Ethnic Origin** | White British  White Irish  Any other White background  Mixed: White & Black Caribbean  Mixed: White & Black African  Mixed: White & Black Asian  Any other Mixed background  Asian or Asian British: Indian  Asian or Asian British: Pakistani  Asian or Asian British: Bangladeshi | | | | | | | Asian or Asian British Other  Black or Black British: Caribbean  Black or Black British: African  Any other Black background:  Arab/Middle Eastern  Chinese  Gypsy/Romany Irish Traveller  Any other background  Prefer not to say | | | |
| **Religion/ Belief** | Christian  Muslim  Hindu  Buddhist  Jewish | | | | | | Sikh  No religion  Other  *Please State:*  Prefer not to say | | | | |
| **Sexuality** | Heterosexual/Straight  Bisexual  Gay Man  Gay Woman/Lesbian | | | | | | Pansexual  Other  *Please State:*  Prefer not to answer | | | | |
| **Primary Client Group** | Older people with support needs  Older people with dementia & mental health problems  Frail elderly  Mental health problems  Learning disabilities  Physical or sensory disability  Single homeless with support needs  Alcohol problems  Drug problems  Offender at risk of offending  Mentally disordered offenders | | | | | | Young people at risk  Young people leaving care  Women at risk of domestic violence  People with HIV/AIDS  Homeless families with support needs  Refugees  Rough sleepers  Gypsies & Travellers with support needs  Generic  Teenage parents | | | | |
| **Secondary Client Group** – select up to 3 | Older people with support needs  Older people with dementia & mental health problems  Frail elderly  Mental health problems  Learning disabilities  Physical or sensory disability  Single homeless with support needs  Alcohol problems  Drug problems  Offender at risk of offending  Mentally disordered offenders | | | | | | Young people at risk  Young people leaving care  Women at risk of domestic violence  People with HIV/AIDS  Homeless families with support needs  Refugees  Rough sleepers  Gypsies & Travellers with support needs  Generic  Teenage parents | | | | |
| **Does the Applicant identity as having a disability?** | | Yes  No  Prefer not to say | | | | | | | | | |
| **If yes, please tick all that apply** | Physical Impairment  Mental Health Condition  Sensory Impairment  Cognitive Impairment  Learning Disability | | | | | | Long standing illness/health condition  Autistic Spectrum Condition  Other  *Please state:*  Prefer not to say | | | | |
| **Does the Applicant use a wheelchair?** | | Yes  No  Don’t Know | | | | | | | | | |
| **REFERRAL DETAILS** | | | | | | | | | | | |
| **Brief reasons for referral?** | | | | | | | | | **Any needs & risks?**  Housing situation  Money issues – debt/budget/benefits  Physical health  Mental health  Substance use – alcohol/drugs  Domestic abuse  Vulnerable to abuse  Offending behaviour  Social isolation  Family issues | | |
| **Are there any known risks we need to be aware of?** | | | | | | | | | **For example:**  Mental state, medical state, mobility, Living environment  History of violence  Criminal offences, ASBOs  Threats to/from others in the property or associates  Who is at risk? – *client, staff, others* | | |
| **Does the applicant have children?** | | | Yes  No  Don’t Know | | | | | | | | |
| Details: | | | | | | | | | | | |
| **Are the children living with the applicant?** | | | Yes  No  Don’t Know | | | | | | | | |
| Details:  N/A | | | | | | | | | | | |
| **Does the applicant have a Probation Officer?** | | | Yes  No  Don’t Know | | | | | | | | |
| **Is the Applicant under the supervision of the Probation board?** | | | Yes  No  Don’t Know  If Yes, what is their status:  Homeless on Bail  High risk/very high risk offender  Other  *Please state:* | | | | | | | | |
| **Priority areas of support identified** e.g. housing, benefits, health | | | | | | | | | | | |
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| **Is the applicant working with any other agencies?** Please include any past agencies or referrals made | | | | | | | | | | | |
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| **ADDITIONAL INFORMATION** | | | | | | | | | | | |
| **Does the applicant agree with the referral and is willing/able to co-operate?** Yes  No | | | | | | | | | | | |
| **If applicable, does the referrer wish to attend the assessment?** Yes  No  *(If yes, will need applicant’s permission)* | | | | | | | | | | | |
| **Does the applicant have any communication accessibility needs?** Yes  No  e.g. do they require an interpreter, BSL?  **If so, what?** e.g. what are their accessibility needs, which language is required etc | | | | | | | | | | | |
| **Would the applicant have any difficulty understanding letters from us?** Yes  No  e.g. consider if large font, alternative format is needed.  **If so, what is needed?** | | | | | | | | | | | |
| **Is it okay to write to the applicant at the address given?** If no, please give an alternative address Yes  No | | | | | | | | | | | |
| **Do you know of any time that is inconvenient to phone or visit?** Yes  No  **If so, when?** | | | | | | | | | | | |

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| **FOR OFFICE USE ONLY** | | | |
| **Date received** |  | **Date inputted onto ResiData** |  |
| **Worker’s Name** | **Rachel Hunt** | | |