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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.
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| **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 situationMoney issues – debt/budget/benefitsPhysical healthMental healthSubstance use – alcohol/drugsDomestic abuseVulnerable to abuseOffending behaviourSocial isolationFamily issues |
| **Are there any known risks we need to be aware of?** | **For example:**Mental state, medical state, mobility, Living environmentHistory of violenceCriminal offences, ASBOsThreats to/from others in the property or associatesWho 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 |
|  |
| **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** |