



**SUPPORTED ACCOMMODATION REFERRAL FORM**

**TO BE COMPLETED BY A REFERRAL AGENT**

Everyone Matters Homes are committed to providing a fair service that is available to everyone. Be assured that your response will be kept confidential.

Details of Referral Agent

|  |  |
|--|--|
| Name:  |  |
| Relationship to applicant:                   |  |
| How long have you worked with the applicant? |  |
| Email:                                       |  |
| Contact number:                              |  |
| Date of referral:                            |  |
| Signature:                                   |  |

How did you hear about Everyone Matters Homes?

.....

By submitting and signing this form, you as the referring agent hereby acknowledge and agrees that you will be financially liable for contributions towards damages caused to the property, including but not limited to damages resulting from the actions or negligence of the referred client during their time in the property. The referring agent further agrees to indemnify and hold Everyone Matters Homes harmless from any claims, liabilities, costs, damages, or expenses arising out of or related to such property damage.



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**Applicant Details**

|   |                         |
|---|-------------------------|
| Full name:  |                         |
| Preferred name:   |                         |
| Any previous names?   |                         |
| Gender:   |                         |
| Do you have a disability?   | Yes                  No |
| If yes, please specify:   |                         |
| Date of birth:  |                         |
| Email:  |                         |
| Contact Number:   |                         |
| Is the applicant currently working? If so, how many hours per week? |                         |
| If they wish to declare, please state the applicant's ethnicity:    |                         |

**Dependants to Consider**

| Will there be any dependants residing in the property with the applicant?                              | Yes           | No  |                               |
|--|---------------|---|-------------------------------|
| If yes, and the dependant is over 18, please complete an additional referral form for this individual. |               |   |                               |
| If yes, and the dependant is under 18, please fill out their details below:                            |               |   |                               |
| Name (s)   | Date of birth | Their current occupational status, e.g. work, education, training | Relationship to the applicant |
|  |               |   |                               |



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Professionals and Other Agencies Involved

| Support Network Members of Client   | Please tick as many as applicable<br>✓ | Name | Contact Details |
|-------------------------------------|--|------|-----------------|
| Friend/Family (s)                   |  |      |                 |
| Carer(s)                            |  |      |                 |
| General practitioner                |  |      |                 |
| Psychiatrist / psychologist         |  |      |                 |
| Community mental health nurse (CPN) |  |      |                 |
| Community nurse                     |  |      |                 |
| Social worker                       |  |      |                 |
| Support worker(s)                   |  |      |                 |
| Midwife                             |  |      |                 |
| Health Visitor                      |  |      |                 |
| Advocate                            |  |      |                 |
| Other (please specify)              |  |      |                 |

Please provide a copy of any existing care/support packages that the applicant receives.

**I (The Applicant) hereby give consent for Everyone Matters Homes to contact other agencies already involved in my care and support prior to my assessment.**

Signed..... Date.....



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**Applicant's Financial Details**

|  |   |
|--|---|
| National Insurance Number  |   |
| Bank account details   | <p>Bank:</p> <p>Account Number:</p> <p>Sort Code:</p> |
| State any support that is required to manage the applicant's finances  |   |
| If applicable, please provide name and contact number for the applicant's appointee                            | <p>Name:</p> <p>Contact Number:</p>                   |
| <p>Does the applicant have any other income?</p> <p>If yes, please state.</p>                                  |   |
| <p>Does the applicant have any debt?</p> <p>If yes, please provide details.</p>                                |   |
| <p>Does the applicant receive any benefits?</p> <p>If yes, please complete the table on the following page</p> |   |



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| Type of Benefit                    | Yes/No | Amount pw/pcm |
|------------------------------------|--------|---------------|
| Child Benefit                      |        | £             |
| Carers Allowance                   |        | £             |
| ESA Support Group                  |        | £             |
| ESA Work Related                   |        | £             |
| Income Support                     |        | £             |
| Job Seekers Allowance              |        | £             |
| Pension Credit                     |        | £             |
| PIP (Personal Independent Payment) |        | £             |
| UC Work Focussed                   |        | £             |
| UC No Work Requirements            |        | £             |
| UC Work Preparation                |        | £             |
| UC All Work-Related Requirements   |        | £             |

- **Proof of any benefit is required, and 3 months of recent bank statements MUST be sent with the referral, failure to do so will delay the process.**
- **Proof of a National Insurance Number must be provided, if not at point of referral, then at the assessment. If this is not possible, i.e. if the person is homeless, we can get this at a later date.**
- **Proof of ID can be sent in the form of a benefit letter or current utility bill.**

Applicant's Housing Details

|   |                         |
|---|-------------------------|
| Current housing situation:  |                         |
| If applicable, please provide the reason why current accommodation isn't suitable |                         |
| Has the client previously been evicted?   | Yes                  No |
| If yes, why?  |                         |
| Is the applicant currently tied into another tenancy or named on a mortgage?      | Yes                  No |
| If yes, please specify.   |                         |
| Does the applicant own a property out right?                                      | Yes                  No |

Previous Addresses

| Address | Dates | Reason for leaving | Rent arrears |
|---------|-------|--------------------|--------------|
|         |       |                    |              |
|         |       |                    |              |
|         |       |                    |              |
|         |       |                    |              |
|         |       |                    |              |
|         |       |                    |              |



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**Understanding Tenancy Needs**

Please explain why the applicant needs support that would exceed that of a normal Landlord. Use the subheadings to explain what support the applicant will need to ensure a successful tenancy.

|  |
|--|
| Applicant's physical, mental health & wellbeing state                    |
| Applicant's ability to deal with finances                                |
| Applicant's ability to uphold property condition (including cleanliness) |
| Applicant's requirement for maintenance/repairs                          |
| Any reoccurring tenancy issues   |
| Need for assistance with post/correspondence                             |
| Concerns regarding anti-social behaviour                                 |
| Other  |

If the applicant is requesting our accommodation due to no other accommodation being available to them through the Local Authority, Housing Association or Private Landlord, please explain why here (e.g. rent arrears, anti-social behaviour etc.)

|  |
|--|
|  |
|--|



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Accommodation Preferences

|   |  |
|---|--|
| Preferred location (list all that apply):   |  |
| Please state any areas that are to be avoided:  |  |
| If any, please state why and a timescale if applicable.   |  |
| Number of required bedrooms   |  |
| Please specify any accessibility requirements e.g. ground floor, walk in shower etc                       |  |
| Are there any pets to consider? Please note that pets are considered on an individual and assessed basis. |  |





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Risk Assessment

**This information is required to allow tenancy sustainment workers to prepare for the tenancy support assessment. Please give as much detail as possible especially where there may be concerns for lone working. Please note lack of information may result in a delay of the referral being processed.**

General

| Current and Historical Risks          | Yes or No | Comments and Further Information |
|---------------------------------------|-----------|----------------------------------|
| Damage to property and tenancy issues |           |                                  |
| Alcohol                               |           |                                  |
| Drugs                                 |           |                                  |
| Risk to others                        |           |                                  |
| Physical Health Risk                  |           |                                  |
| Violence or Aggression                |           |                                  |

Mental Health

| Current and Historical Risks   | Yes or No | Comments and Further Information |
|--|-----------|----------------------------------|
| Overview of applicant's mental health state (current and past)   |           |                                  |
| Self-Harm/Suicide (current and past) Please state if the applicant is working with any agencies, for example, Duddon House or Mind, etc. |           |                                  |



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**Cautions & Offending**

| <b>Current and Historical Risks<br/>Where necessary, provide dates.</b>                 | <b>Yes or No</b> | <b>Comments and Further Information</b> |
|---|------------------|---|
| Offending/Anti-Social Behaviour   |                  |   |
| Domestic Abuse  |                  |   |
| Sex Offences (towards children or adults?) If applicable, please provide dates.         |                  |   |
| Previous/Current convictions and Statutory Orders. If applicable, please provide dates. |                  |   |
| Violence, Aggression & Bullying/ Harassment   |                  |   |
| Arson   |                  |   |
| Other Criminal Offences. Provide dates.   |                  |   |

**Medication**

Please provide a list of the applicant's current medication:



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Additional Information

|   | If applicable, provide all details |
|---|------------------------------------|
| Has the applicant experienced any form of abuse, bullying or domestic violence?             |                                    |
| Has the applicant been subject to or involved in adult or child protection orders?          |                                    |
| Has the applicant ever been violent or aggressive to others, including support staff?       |                                    |
| Has the client ever made false allegations against a member of the public or staff members? |                                    |

**Please give further details on risk here e.g. drug/alcohol consumption, triggers to certain behaviours etc.**

**Send the completed referral form and ensure all supporting documentation are included to:**

info@everyonemattershomes.org

or

christine@everyonematterhomes.org