

Young Person SPOC:

01482 615602

Adults Housing SPOC:

01482 612040

targetedyouthsupport@hullcc.gov.uk

Homeless@hullcc.gov.uk

Housing-Related Support Referral (Application) and Risk Form

Floating support & supported housing schemes in Kingston Upon Hull

1. Referrer details

Name of Referrer		Date of Referral	
Position		Agency	
Contact Number		E-mail	

2. Support Type required

Support Required	Supported Accommodation <input type="checkbox"/>	Floating Support <input type="checkbox"/>
Preferred Service Start Date		

3. Service Area

Service Area	Adult - Housing Options <input type="checkbox"/>	Targeted Youth Support – Housing options <input type="checkbox"/>
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4. Area of Residence

If floating support: does the applicant live in Hull?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If supported accommodation: has a local connection to Hull been established?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes to the above please detail		

5. Applicant details

Name (incl title)		PID Number (if known)	
D.O.B & Age	Sexual Orientation	NI No	
Gender	Religion	Is applicant disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If disabled give details:		Pregnancy	
Nationality	Ethnic Origin	Marital Status	
Employment Status			

6. Address details

Current Address	
Date Moved In	
Landlord Name & Address (if applicable)	
Accommodation Type (renting RSL or private, owner occupier, NFA etc)	
Does the applicant live alone?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the applicant at risk of homelessness?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Applicant Roofless? (without accommodation today)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving last accommodation?	

7. Contact details

Applicant Home Tel	Applicant Mobile Tel	Applicant Email Address
Preferred Method of Contact OR alternative contact details		

8. Other details

Does the applicant have any communication issues? Preferred language		
Are there any cultural issues we should be aware of?		
Please list any other type of support or services that are in place		
Indicate issues of the applicant (please tick all that are relevant):	1. Threatened with Homelessness <input type="checkbox"/>	11. Memory Loss/Dementia <input type="checkbox"/>
	2. Learning Disability <input type="checkbox"/>	12. Multiple/Complex Needs <input type="checkbox"/>
	3. Mental Health <input type="checkbox"/>	13. Estranged from parents <input type="checkbox"/>
	4. Substance Misuse <input type="checkbox"/>	14. Financial Exclusion <input type="checkbox"/>
	5. Criminal Offending History <input type="checkbox"/>	15. Domestic Abuse (Men, Women & Families) <input type="checkbox"/>
	6. Refugee Status <input type="checkbox"/>	16. Offending or Risk of Offending <input type="checkbox"/>
	7. Physical/Sensory Disabilities <input type="checkbox"/>	17. Anti-Social Behaviour <input type="checkbox"/>
	8. Developmental Disorder <input type="checkbox"/>	
	9. Dual Diagnosis <input type="checkbox"/>	
	10. Chronic Illness (inc HIV & AIDS) <input type="checkbox"/>	

9. **Type of Support Needed** – please tick if relevant

Setting up / maintaining home & tenancy	None <input type="checkbox"/>	A little <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>
Finance & budgeting	None <input type="checkbox"/>	A little <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>
Dealing with correspondence	None <input type="checkbox"/>	A little <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>
Maintaining the safety & security of the home	None <input type="checkbox"/>	A little <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>
Living skills	None <input type="checkbox"/>	A little <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>
Access to training & employment	None <input type="checkbox"/>	A little <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>
Accessing the community	None <input type="checkbox"/>	A little <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>
Managing relationships	None <input type="checkbox"/>	A little <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>
Physical / mental health and wellbeing	None <input type="checkbox"/>	A little <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>

Brief overview of reasons for referral:

Please remember that the main aims of these services are to support people to maintain/manage accommodation and independence.

(Additionally detail any caring responsibilities or dependants)

Note: this referral will not be processed unless this section is complete.

10. **Risk Indicators** (answering yes will not mean that the service user can't have a service; it just enables us to make sure the most suitable provision can be provided for their needs)

Is there a current Risk Assessment available? <i>Please attach to this application (failure to do so may delay the application)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Has applicant ever hurt anyone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Has applicant damaged any property/ belongings intentionally?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Has applicant ever convicted of Arson?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Has applicant ever been in trouble with the police?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Has applicant ever had a problem with illegal drugs alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Has applicant ever tried to take their own life?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>

Has the applicant ever intentionally harmed themselves?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Is or has the applicant been involved in sexual violence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Is the applicant required to register with the Police under the Sex Offenders Act 1997/the Sex Offences Act 2003?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Has the applicant ever been violent towards a staff member of any organisation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Are there any risks concerning the applicants physical disability or mobility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Are there any risks around any medication the applicant takes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Is the applicant at risk from other people?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Do workers need to know anything about the service user before entering their home?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>

Please indicate if a joint visit is required for the initial contact assessment, or if an assessment in a safe place such as Kenworthy House should be undertaken ***(This referral will NOT be processed unless this section is complete):***

Lone Visit Joint Visit Information Station

Other Information:

If you have answered yes to any of the above, please give more detail below (failure to do so may delay the application):

11. Current / Previous Support Received

(If known) please detail any previous/other current housing-related support received by applicant (floating or supported housing) including any exclusions

Please detail any current/ongoing support that the applicant is in receipt of?

12. Authorisation

Has the applicant consented to you sending this referral, along with the information contained, to the Hull City Council SPOC?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you advised and sought agreement from the applicant that information contained within this document will be forwarded to contracted support providers and may be shared with other agencies?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Where possible this form should be signed by the applicant. If the applicant has not signed this form the referrer must state that verbal consent has been given for a referral to be made.

Applicant's Signature:		Date:	
Or applicant's verbal consent to referral:		Yes	<input type="checkbox"/> No <input type="checkbox"/>
Referrer's Signature:		Date:	

On receipt the applicant will be contacted in order to undertake a Personalised Housing Plan

To be completed by TYS

1) Risks checked on Social Care /Housing Database: Yes No N/A

Details of known risks:

2) Other related services identified (previous or current): Yes No

Details:

3) Service exclusions identified: Yes No

Details:

4) Referrer updated: Yes No

5) spreadsheet updated: Yes No

6) Case note added: Yes No

7) Other Relevant Information:

8) Referral e-mailed to Support Provider (if appropriate): Yes No N/A

9) Application processed by: _____

10) Date Processed: _____

11) Date & Time of Assessment (if known): _____