CRN:
(Office Use only)

HOUSING RELATED SUPPORT SERVICES

REFERRAL FORM

Humbercare Ltd
2 Abbey walk
Grimsby
DN31 1NQ
Tel: 01472 245820
Fax: 01472 354090

STATEMENT OF PURPOSE

Humbercare is an enabling organisation dedicated to providing quality and innovative services to adults and young people in need
Humbercare believes that all people should have the opportunity to realise their potential, improve their skills, optimise their life chances and become responsible members of the community

PROJECT BRIEF

The Project will deliver needs appropriate, face to face, housing support for Young People, and those with a Physical Disability or Learning Disability in North East Lincolnshire.

- **We accept referrals direct from clients, statutory agencies, housing and the community sectors.**
- **We provide a person centred service.**
- **A rights based enabling approach to the promotion of independence.**
- **We support clients to access, maintain, and sustain independent living in their own home in the community.**

Clients must be in their own independent accommodation in order to be given a place on the Project.

Clients are encouraged to access training and education, to increase skills and access to employment

We also provide an out of hour's emergency On Call Service for clients who are accepted onto project. Support can include tenancy or resettlement advice, support with money management or debt issues, claiming benefits and support to deal with other professionals, e.g. health and housing.

Please complete all the sections of the form fully. Failure to do so will delay the assessment process. If you require assistance in completing this form, contact the duty officer on: 01472 245820

THIS INFORMATION IS REQUIRED IN ORDER TO ENABLE HUMBERCARE TO MAKE A RISK ASSESSMENT ON THE APPROPRIATENESS OF THE PLACEMENT WITHIN THE PROJECT

SURNAME		FORENAME(S)	
D.O.B:		GENDER:	
N.I. NUMBER:		ETHNIC ORIGIN:	
ADDRESS		TEL: MOBILE:	
OWN ACCOMMODATION ☐	LODGING WITH FRIEND/FAMILY ☐	HOSTEL ☐	If hostel – has the move on protocol been implemented **YES/NO**
REFERRED BY		FULL POSTAL ADDRESS POST CODE	
TEL:	FAX:	EMAIL ADDRESS:	
WOULD YOU BE HAPPY FOR CORRESPONDENCE TO BE SENT VIA EMAIL?			YES/NO
WOULD YOU BE WILLING TO ATTEND A JOINT ASSESSMENT			YES/NO
HAS SUPPORT BEEN RECEIVED FROM HUMBERCARE BEFORE			YES/NO
DATE REFERRED:			
Are there any cultural or faith requirements? Does the application need to be processed in a different language/assistance from an interpreter?			
Are there any hearing or visual requirements? e.g. hearing loop or large print text required?			

MEDICATION

Details	How often taken

INCOME

TYPE OF BENEFIT	AMOUNT	DEDUCTION	HOW OFTEN

RELEVANT ISSUES					
OFFENDING - CURRENT		SUBSTANCE MISUSE (please specify below)		SELF HARM	
OFFENDING - PREVIOUS		METHADONE PROGRAMME		OTHER MEDICAL PROBLEMS	
VIOLENCE/ AGGRESSION		ALCOHOL		EVICTION IMMINENT	
ARSON OFFENCE		FORTHCOMING REHAB PLACEMENT (please provide date below)		GAMBLING	
SEX OFFENDER		DISABLED		BUDGETING ISSUES	
RACIALLY MOTIVATED OFFENCE		LEARNING DISABILITY		FINANCE/DEBTS	
MENTAL HEALTH		PHYSICAL DISABILITY		INTERPERSONAL SKILLS	
SUICIDAL TENDENCIES		BEEN IN CARE		DAILY LIVING SKILLS	
HARM FROM OTHERS		ABUSED		OTHER (please specify below)	

Please explain what the client will require support with:

Current/most recent offences

RISK TO SELF (explain below) **LOW** ☐ **MEDIUM** ☐ **HIGH** ☐

RISK TO STAFF (explain below) **LOW** ☐ **MEDIUM** ☐ **HIGH** ☐

IF RELEVANT DOES THE CLIENT SPECIFICALLY REQUIRE:

FEMALE WORKER ONLY ☐ MALE WORKER ONLY ☐ JOINT WORKING ONLY ☐
(Please give details below to support this request)

Past convictions for Arson, Sex Offences or Offences against Children YES/NO
(If yes, provide further information below)

IF YES TO ABOVE, PLEASE SEND RELEVANT PARTS OF OASYS (NPS REFERRALS ONLY)

Please provide all relevant information regarding relevant risk, previous convictions, mental health issues, including any high risk situations or triggers that will assist us to make a risk assessment.

SELF REFERRALS

Please be honest about any past convictions, in order for us to make a true assessment of your needs.

OTHER AGENCIES INVOLVED

NAME	AGENCY	CONTACT NO.

ANY OTHER INFORMATION

HOUSING RELATED SUPPORT
REFERRAL PATHWAY

What we can help with
Budgeting, Paying Bills, Nutrition, accessing other agencies, accessing education/training/employment. Applying for welfare benefits and other tenancy issues

Are you, or someone you know struggling in a tenancy

MAKE A REFERRAL TO HUMBERCARE

Referral from any agency

Referral direct from client

Humbercare can assist with securing accommodation via local authorities, housing association and private rented, however, Humbercare is not a housing provider

Contact will be made with client and Referring Agent by the Assessment Team within 10 days

Signposting
If clients support needs are too low or too high for our service, we will signpost them to more suitable agencies

Assessment
* We will inform the client of support we provide
* Determine client's support needs and effect of these
* Discuss with client whether support would be beneficial/suitable

Complaints Procedure
If unsuitable a complaints leaflet will be given

Client Involvement
Clients receiving support and ex clients can become involved in:
Men's Group
Women's Group
ADHOC
Client Policy Review Group

If suitable for support
If support is suitable the client would be accepted onto the waiting list. A letter sent within 10 days of assessment notifying the outcome
When a place is available on project client will be notified by letter and support will begin

Housing Related Support provides a package of support, we do not provide any care services

Humbercare regularly reviews and improves the service
We receive:
Feedback from external agencies
Feedback from clients/ex clients
Feedback from User Involvement Groups
Review/audits completed by Supporting People

What client will receive
Clients will receive one-to-one support within their home at a level appropriate to their needs

Supported Housing Agreement
This agreement is signed by clients - it outlines:
Data Protection Act
Equality & Diversity Policy
Confidentiality/Disclosure
Client's right to complain
Client's right to access information
Client will be respected and we expect respect in return

Monthly Support Review
The client and Tenancy Support Worker will review the Support Plan on a monthly basis, or sooner if needed and can include info or goals from other agencies also working with the client

Clients not complying with support agreed
If client does not attend appointments or is not complying with Supported Housing Agreement, notice will be given to withdraw support

Client no longer wants our support
This is a voluntary service and the client can withdraw from the service by giving reasonable notice

Client no longer requires support, all goals achieved
The client and support worker will agree a date for the support to be withdrawn. An exit plan will be completed outlining future goals to be achieved.

PLEASE FAX/POST REFERRAL TO ADDRESS AT FRONT OF REFERRAL

CONSENT TO DISCLOSE INFORMATION

Under the Data Protection Act 1998, you are required to give your consent for this information to be passed to Humbercare. Personal information will not be disclosed without your consent except to perform statutory duties. By signing this form you are giving permission for Humbercare to share and receive information with agencies that you have made reference to within this form, this will enable us to gain additional information required to further assess your support needs.

I have read the above form and I am happy that the information given is shared with others in order to assist me with my support needs.

CLIENT SIGNATURE: ……

CLIENT NAME: ……

DATE: ……

WITHOUT SIGNED CONSENT, WE ARE UNABLE TO PROCEED WITH YOUR REFERRAL