**Hope at Home Referral Form:**

|  |  |
| --- | --- |
| Referred By (Agency): |  |
| Referrer (Support worker / Key worker name): |  |
| Contact Details: |  |
| Date of Referral: |  |

**Client Details**

|  |  |
| --- | --- |
| Name: | Preferred Name: |
| Current Address: | Mobile Number (if applicable): |
| Country of Origin: | Ethnicity: |
| Languages Spoken: | Fluency (1-good 2-moderate 3-basic): |
| Emergency Contact Details, if any: |  |
| Disability? Yes / No / Don’t know  *Please tick all that apply:*  Mobility  Visual Impairment  Mental Health  Learning Disability  Progressive Disability (eg MS)  Other  Does not wish to disclose |  |
|  |  |

**Legal & Financial Information**

|  |  |
| --- | --- |
| Solicitor or Legal Representative (if any):  Name:  Firm:  Phone:  Email: | Conclusive Grounds Decision?  Yes / No |
| EU National / Non-EU | Leave to Remain in UK / Seeking Asylum |
| Access to Public Funds / No Recourse to Public Funds | Job Ready (whether legally able to work or not) / Needing Support |
| Able to work in UK? Yes / No | Debt Issues? Yes / No |
| Support needed with budgeting skills? Yes / No | Any other relevant information: |

**Housing**

|  |
| --- |
| Reason for leaving current accommodation (Eg CG decision agreed, exiting NRM, vulnerable to street homelessness): |

**Health**

|  |  |
| --- | --- |
| Any Physical Health Issues (current)? | Details of any Physical Health Services Involved (Eg GP):  Service:  Name:  Contact Details:  Service:  Name:  Contact Details: |
| Any Mental Health Issues (current?) | Any Mental Health past issues (if known, please include history of suicide attempts): |
| Details of Mental Health Services Involved:  Service:  Name:  Contact Details:  Service:  Name:  Contact Details | Details of Medication prescribed and taken: |
| Able to access services independently? Yes / No | Any other relevant information: |

**Support Networks (if any)**

|  |  |
| --- | --- |
| Location of Family (if known): | Details of any children: |
| Location of friends (if any): | Cultural needs (eg proximity to mosque): |
| Details of other agencies involved:  Name of Agency:  Key worker:  Contact Details:  Name of Agency:  Key Worker:  Contact Details: | Prefer to stay in current area / Move to new area ?  Any reasons for this? |

**Employment / Training / Education**

|  |  |
| --- | --- |
| Previous Employment (including voluntary work): | Desire to work / volunteer?  If so, in what role? |
| Previous Training / Education, if any: | Support needed for:  Literacy Skills? Yes / No  Numeracy Skills? Yes / No |
| Additional Information |  |

**Lifestyle**

|  |  |
| --- | --- |
| Any dietary requirements? | Smoker? Yes / No |
| Any hobbies or pastimes *(this helps our matching process):* | Do they drink alcohol? Yes / No? |
| Approximately how many personal belongings will they be bringing with them? | Would they be happy to live in a home with pets? |
|  | Any other relevant information? |

**Risk Assessment**

|  |  |
| --- | --- |
| In your opinion, are they suitable to live in a home with children under 16? | Any known history of substance or alcohol abuse? |
| Do they have a history of challenging or aggressive behaviour? | Any known risk to hosts from gangs / traffickers looking for them? |
| Any other safeguarding issues? | Any other relevant information which would assist our matching process? |

**Declarations and Consent.**

**Referrer:**

I have explained the Hope at Home hosting scheme to the person I am referring and they understand this is a voluntary arrangement between both parties which may be terminated at any point. I have explained the referral process and they understand they will be provided with information of potential hosts, including house-rules, before making any final decision. I agree, to the best of my knowledge, the information within this referral form is correct.

**Signed: Print name: Date:**

**Please ensure that the client signs the consent and sharing information form. We cannot process the referral without these signed.**

**Referred client: Data Consent Form**

I authorise Hope at Home to hold on file details of my circumstances and other personal details, whether provided by myself or others, for the purposes of assisting with my housing situation and related issues.

For the purposes of the Data Protection Act 1998, the data controller is Hope at Home.

**Please confirm the following with the client.**

* **I am happy for Hope at Home to keep written and electronic information about me.**
* **I understand that this information may be shared in order to safeguard anyone at risk.**
* **I am happy for Hope at Home to contact other agencies, where it is necessary, for the purposes of my support.**
* **I agree that the information provided in this referral form is accurate.**

**Signature of referred client …………………………………………………………. Date ………………………….**

**Print name ………………………………………………………………………………………………………………………..**

**Note:** Under our confidentiality Policy, Hope at Home will not reveal details of your circumstances or other personal information to other people without your consent, unless we are required to do so by law. There are exceptions to this policy, where there is a clear need in the public interest to protect children (or other very vulnerable people) and in some other exceptional circumstances.

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