

Hope at Home Referral Form:

Please fill this in with as much detail as you can so that we are able to provide our hosts with an accurate picture of their potential guest. Welcoming a stranger into your home is not always easy, so the more information we can gather the more likely it is that the hosts will agree to the placement.

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: Nationality:
Languages Spoken:	Fluency (1-good 2-moderate 3-basic): Spoken: Written:
Emergency Contact Details, if any:	Religion, if any:
Disability? Yes / No / Don't know <i>Please tick all that apply:</i> Mobility Visual Impairment Mental Health Learning Disability Progressive Disability (eg MS) Other Does not wish to disclose	Date of Birth:

Legal & Financial Information

Solicitor or Legal Representative (if any): Name: Firm: Phone:	Conclusive Grounds Decision? Yes / No
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Support Networks (if any)

Location of safe family (if known):	Details of any children:
Location of safe friends (if any):	Cultural needs (eg proximity to mosque):
Details of other agencies involved: Name of Agency: Key worker: Contact Details: Reason for involvement: Name of Agency: Key Worker: Contact Details: Reason for involvement:	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	Any evidence of work eg CV, payslips, ID?

Lifestyle

Any dietary requirements?	Smoker? Yes / No
Any hobbies or pastimes (<i>this helps our matching process</i>):	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?
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Risk Assessment

In your opinion, are they suitable to live in a home with children under 16?	Details of any current of substance or alcohol abuse: Details of any substance or alcohol abuse in the last 10 years:
Have you seen evidence of challenging or aggressive behaviour? If yes, please give details.	Any known risk to hosts from gangs / traffickers looking for them? Details of any 'unsafe people' they may have or make contact with:
Any known geographical areas of danger:	
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 section as below. We cannot process the referral without this.

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 General Data Protection Regulations 2018, 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 and to keep in touch with me in accordance with their data privacy notice.
- I understand that this information may be shared with hosts or external agencies in order to make the placement or 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: _____