

## 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:
Country of Origin:	Ethnic Origin:
Languages spoken:	Interpreter Required? Yes / No
NRM Status (please tick):  Pre-NRM Positive RG Negative RG Positive CG Negative CG Other (please specify)	Immigration Status (please tick):  UK National Asylum Seeker Refused Asylum Seeker Discretionary Leave to Remain (DLR) Indefinite Leave to Remain (Refugee Status) EEA National Pre-settled status EEA National Settle status Client did not wish to disclose Other (please specify)
Date of birth:	Religion, if any:
Gender:	Gender Identity (please tick):  Cisgender Transgender Client did not wish to disclose

Do they have access to public funds?  Yes / No	Date of Birth:
Mobile number:  Email address:	Current Geographical location:
Next of kin:	Details of any dependent children:
Do they have any dietary requirements?	Type of exploitation experienced (please tick):  Forced labour Sexual exploitation Domestic servitude Criminal exploitation Other

#### Additional Information

Current accommodation and reason for the referral? (eg CG decision agreed and exiting NRM, vulnerable to street homelessness):	Can they access services independently?
	Smoker? Yes / No  If yes, approximately how many per day?
	Do they drink alcohol? Yes / No  If yes, how regularly?
	Are they happy to live in a house that includes members of the opposite sex?
Would they prefer to stay in current area or are they happy to relocate?	Are they happy to live in a home with pets?
Location of safe friends / family (if known):	Cultural Needs (eg proximity to mosque or access to certain types of foods):

<p>Approximately how many belongings will they bring with them?</p> <p>How will these be transported to the host's home?</p> <p><i>*Please note it is the responsibility of the referrer to provide transport and their belongings.</i></p>	
<p>Hope at Home provides temporary accommodation only. What plans are in place for accommodation options after Hope at Home (eg application to NASS, local authority housing etc)?</p> <p><i>*If an application to NASS, LA housing or other types of accommodation has been made, please provide the date of the application.</i></p>	

### Needs Assessment

<p>Previous Employment, training or voluntary work:</p>	<p>Support needed for:</p> <p>Literacy Skills? Yes / No</p> <p>Numeracy Skills? Yes / No</p> <p>Budgeting Skills? Yes / No</p>
<p>What are their leisure interests? (<i>This helps our matching process</i>)</p>	<p>Do they have any debt? If yes, please outline amounts.</p>
<p>Please outline any current physical health issues or disabilities:</p>	<p>Please outline any diagnosed or suspected mental health issues:</p>
<p>Please outline any past mental health issues (please include history of suicide attempts or self harm):</p>	<p>Details of medication prescribed and taken:</p>
<p>Covid Vaccination status (please tick):</p> <p>No vaccine</p> <p>One dose of vaccine</p> <p>Two doses of vaccine</p> <p>Booster dose of vaccine</p>	<p>Eligible to work in the UK Yes / No</p>

## 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 contact:
Any known geographical areas of danger:	Please outline any previous convictions or involvement with the police or the criminal justice system:
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:** \_\_\_\_\_