



## REFERRAL FORM FOR SUPPORTED ACCOMMODATION

**Applicant's Name:**

**Permission to share information and make enquiries:**

In order to consider and process your application, we need to ensure that as much as possible, information can be shared between agencies about your needs. All information shared will be treated as confidential and shared only with those who need to know. \*See Data Protection Statement below.

**Statement of Agreement:**

I understand and agree that in order for my application to be considered, it will be necessary for NISSI HOMES to have access to the information contained within this form. ☐

I also accept and agree that it may be necessary for Nissi Homes Ltd to contact other agencies who work with me so they can get a better understanding of my individual needs. ☐

I confirm that the information on this form is correct and I understand that providing false information may lead to my application being declined or an offer of accommodation being withdrawn. ☐

I understand what service can be provided by Nissi Homes Ltd, why I have been referred, and give my consent to a referral being made. ☐

<b>Signed (Applicant):</b>	
<b>Print Name:</b>	
<b>Date:</b>	
<b>Reason if applicant is unable to sign:</b>	

**Please note that if the statement of agreement is not signed by the applicant, Nissi Homes may not accept the referral. If someone is unable to sign for any reason, the referrer must give valid reasons above.**

**\* Confidentiality – Data Protection Act 1998**

We deal with personal and sensitive information in line with the Data Protection Act 1998. Personal and sensitive information is what you have told us about yourself, or what other organisations have told us about you, or may tell us in the future.

We will always hold and use information in accordance with the law. This may include using it for statistical or research purposes, and to update our records. We may need to share some details about you with other organisations that have the right to see them, such as the police, medical professionals, probation or social services.

Customers have the right to see any personal information held about them and to correct any that is wrong. However, sensitive information that others have given us in confidence will not be shared. Administration charges may apply if information is requested.

**Note for referring agents:**

**Please note that Nissi Homes Ltd may not be able to progress with this application unless all information has been completed. In sending in this form by email, the referring agent also confirms that they will hold the applicants written agreement (above) on file.**

## SECTION 1: BASIC INFORMATION

<b>Full Name:</b>	
<b>Date of Birth:</b>	
<b>Age:</b>	
<b>Gender:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>National Insurance No:</b>	
<b>Current Address, Postcode</b>	
<b>Phone Number:</b>	
<b>Nationality:</b>	
<b>Spoken Language</b>	
<b>Any Language Barrier?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Please give details below, if yes:
<b>Marital Status:</b>	
<b>What date is the accommodation needed?</b>	

### Ethnicity

White – White British	<input type="checkbox"/>	Asian or Asian British - Indian	<input type="checkbox"/>
White – White Irish	<input type="checkbox"/>	Asian or Asian British – Pakistani	<input type="checkbox"/>
White – Any other White background	<input type="checkbox"/>	Asian or Asian British - Bangladeshi	<input type="checkbox"/>
Mixed – White and Black Caribbean	<input type="checkbox"/>	Asian or Asian British – Others	<input type="checkbox"/>
Mixed – White and Black African	<input type="checkbox"/>	Black or Black British -Caribbean	<input type="checkbox"/>
Mixed – White and Asian	<input type="checkbox"/>	Black or black British - African	<input type="checkbox"/>
Mixed – Any other Mixed background	<input type="checkbox"/>	Black or black British – any other black	<input type="checkbox"/>
Other ethnic groups - Chinese	<input type="checkbox"/>	Asked but not disclosed	<input type="checkbox"/>
Other ethnic groups – any other	<input type="checkbox"/>	Not asked	<input type="checkbox"/>

### Religious Belief

Christian	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	None	<input type="checkbox"/>

### Sexual Orientation

Lesbian	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Asked but not disclosed	<input type="checkbox"/>
Gay	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Not asked	<input type="checkbox"/>

## Dependants

Do you have any children?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If Yes, How many?	Boys		Girls		
<b>Will any of the children be visiting or are you in contact with them?</b>		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Names of Children include sex & age ( )() e.g. (M) (12):					
Any Social Services Involvement: If yes state why?	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>			

## Physical Description

Height	
Build	
Weight	
Facial Marks	

## Other Contact Details

<b>Next of kin:</b>	
<b>Relationship:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Phone number:</b>	
<b>Mobile number:</b>	
<b>GP Name:</b>	
<b>Surgery Address:</b>	
<b>Post Code:</b>	

<b>CPN Name:</b> (If any) <b>Contact Details:</b> <b>Phone No</b> <b>Email</b>	
<b>Probation Officer / Offender Manager:</b>  <b>Contact Details:</b> - Phone No - Email	
<b>PPO:</b>  <b>Contact Details:</b>	
<b>Drug Worker:</b>  <b>Contact Details:</b>	
<b>Other Agency involvement: E.g., Social services or Care Coordinators</b>	

## SECTION 2: REFERRAL AGENCY

### Reason for making the referral

What is their current housing situation?
Reasons for seeking supported accommodation:
Have they lived in a Supported Accommodation in the past?      YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, where and when? Were there any problems? please give details below:
Does the applicant have rent arrears?      YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please give details of amounts, creditors etc:

Please tick Referral agency from the table below

Prison (Please specify below)	<input type="checkbox"/>	Social Services / Local Authority	<input type="checkbox"/>
Probation	<input type="checkbox"/>	Health Services (Please specify below)	<input type="checkbox"/>
OMU / Police	<input type="checkbox"/>	Voluntary Agency	<input type="checkbox"/>
Bail Hostel	<input type="checkbox"/>	GP Practice	<input type="checkbox"/>
If other, please specify	<input type="checkbox"/>		

<b>Name of referrer:</b>
<b>Name of organisation:</b>
<b>Address of organisation:</b>
<b>Telephone contact details:</b>
<b>Email address:</b>
<b>Have you filled out this form on behalf on the applicant?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>If yes, I confirm that I have explained to the applicant (s) what support the service can provide and why they have been referred.</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Signature of referrer:</b> (if completing electronical please type your first name)
<b>Date:</b>

<b>Please indicate which area(s) the applicant would be best placed. Where do they wish to live?</b>			
Walsall <input type="checkbox"/> Sandwell <input type="checkbox"/> Dudley <input type="checkbox"/> Wolverhampton <input type="checkbox"/> Stoke-On-Trent <input type="checkbox"/> Telford <input type="checkbox"/> Anywhere <input type="checkbox"/>			
<b>Please indicate preference:</b>			
If in Custody, is the applicant eligible for <b>Discharge Grant</b> pre-release?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, pls contact who to send invoice to:</b>			
<b>Based on your assessment, please select the type(s) of accommodation that would best meet the applicant's needs. PLEASE NOTE: Nissi Homes does not provide a 24 hour supported accommodation and there are limited spaces for single living.</b>			
Supported Accommodation (Shared and visited)	<input type="checkbox"/>	Single Living Supported Accommodation	<input type="checkbox"/>
Supported Accommodation (9-5 staff cover)	<input type="checkbox"/>	Couple Living Supported Accommodation	<input type="checkbox"/>

### Previous Address History (Last 5 years)

	Address	Period From (month & year)	Period To (month & year)	Type of Accommodation (Select from drop down)
1				Choose an item.
2				Choose an item.
3				Choose an item.
4				Choose an item.
5				Choose an item.

## SECTION 3: HEALTH NEEDS

### 3A. Mental Health:

Any Mental Health illness? YES ☐ NO ☐

If yes, please include diagnosis and details:

Is there any history of suicide attempts or ideations, including self-harm? YES ☐ NO ☐

If yes, please give details:

Do they currently feel that way? YES ☐ NO ☐

When was the last episode?

Are they in receipt of any medication? YES ☐ NO ☐

*If YES, please list the medication in section 3D*

Is there CPN involvement? YES ☐ NO ☐

If NO, will one be required YES ☐ NO ☐

<b>3B. Physical Health or Disability:</b>		
Any physical Health illness or disability?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please include diagnosis and details:		
How does their physical health or disability needs affect their daily living?		
Are they in receipt of any medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If YES, please list the medication in section 3D</i>		
Will you assess the Applicant as having full capacity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(They can answer for themselves)		

<b>3C. Addictions:</b>		
<b>ALCOHOL MISUSE</b>		
Is there a history of Alcohol misuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, for how long:		
Are they still drinking currently?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, state quantity:		
If No, please state how long they have abstained:		
Are they in receipt of any withdrawal medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If YES, please list the medication in section 3D</i>		
Are they engaging with any services to manage this?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please provide contact details:		
<b>3C. Addictions:</b>		
<b>ILLCIT DRUG USE</b>		
Is there a history of drug misuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, for how long:		
Are they currently using illicit drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If YES, state which drug and method of use:

If No, please state how long they have abstained:

Are they in receipt of any withdrawal medication? YES ☐ NO ☐

*If YES, please list the medication in section 3D*

Are they engaging with any Drug Intervention Programme? YES ☐ NO ☐

If YES, please provide contact details:

3D. Prescribed Medication: (Please insert more rows if required or attach drug sheet if any.)					
Medication	Dose	Dosage	Reason taken	Who manages this?	Active problem Y/N

## SECTION 4: RISK PROFILE

Offending History Including current and previous.	
What is their Current Offence (If any)	Details:
What is their sentence	Details:
Sentence Start & End Dates	FROM: TO:
HDC Eligibility Date	
Other relevant Dates	
Any Supervisions or Court Orders?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please give start and end dates	FROM: TO:
Any Post Sentence Supervision PSS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please provide start and end dates	FROM: TO:
Any Pending Court Cases?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please give details.	Details:



<b>OFFENDING HISTORY</b>			
Domestic Abuse	<input type="checkbox"/>	Murder/Manslaughter (Attempted)	<input type="checkbox"/>
Racially Motivated / Aggravated	<input type="checkbox"/>	Arson	<input type="checkbox"/>
Robbery	<input type="checkbox"/>	Theft	<input type="checkbox"/>
Assault	<input type="checkbox"/>	Offences involving weapons	<input type="checkbox"/>
Drug Offences	<input type="checkbox"/>	Burglary	<input type="checkbox"/>
Anti-Social Behaviour	<input type="checkbox"/>	Gun or Gang related offences	<input type="checkbox"/>
Driving Offences	<input type="checkbox"/>	Criminal Damage	<input type="checkbox"/>
Fraud/Deception	<input type="checkbox"/>	Vehicle Crime	<input type="checkbox"/>
Sex Offences (Under 16)	<input type="checkbox"/>	Sex Offences (over 16)	<input type="checkbox"/>
<b>Other Offences please state:</b>			
Please give brief details about offences highlighted above:			

**Risk Category / Indicators – This information is required to allow support workers to prepare for the assessment fully. Please give as much detail as you are aware of especially where there may be concerns for lone working.**

**Please give further details including what these risks may mean to support providers, how can we manage these risks and how any current or future support is/may minimise these risks (cont. on separate sheet if more room required or attach any current risk assessment e.g. OASys):**

**Please note lack of information may result in a delay of the referral being processed.**

Risk Type	High	Medium	Low	N/A
To themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To other residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To particular known persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk to Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of re-offending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Please provide details below or attach any current risk assessment</b>				
<b>Who is at Risk:</b>				
<b>Nature of Risk?</b>				
<b>When is the risk likely to be greatest?</b>				
<b>What Circumstances are likely to increase the risk?</b>				
<b>What Factors are likely to reduce the risk?</b>				
<b>Any special precautions needed when interviewing applicant? If yes, please give details:</b>				

<b>Is the applicant flagged for any of the following?</b>										
Registered Sex Offender	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Safeguarding Children	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Covered by Section 117?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Safeguarding Adults	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Community Treatment Order	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prolific Priority Offender (PPO)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Subject to Multi-Agency Public Protection Arrangements (MAPPA)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<b>If MAPPA Case, which level?</b>					
					<b>Level 1</b>	<input type="checkbox"/>	<b>Level 2</b>	<input type="checkbox"/>	<b>Level 3</b>	<input type="checkbox"/>

## SECTION 5: WELFARE

Benefit	Applied (Y/N)	Date Applied?	Awarded (Y/N)	Amount	Pay Frequency	
Universal Credit (UC)						
Employment & Support Allowance (ESA)						
Income Support						
Personal Independence Payments (PIP)						
Disability Living Allowance (Care)						
Disability Living Allowance (Mobility)						
Attendance Allowance						
Carers Allowance						
Any other benefits/income?						
<b>Are you entitled to Housing Benefits?</b> <span style="margin-left: 20px;">YES <input type="checkbox"/></span> <span style="margin-left: 20px;">NO <input type="checkbox"/></span>						
<p><b>If yes, where did you last claim Housing Benefits?</b>  Please provide address below with Dates:</p>    <p><b>Which Local Authority did you claim from?</b></p>						
Will you be interested in receiving advice on your benefit entitlements?					<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

## SECTION 6: SUPPORT NEEDS

**Please highlight what arear(s) support will be required and how this could be managed, any previous interventions**

SUPPORT NEED	DETAILS
Mental Health	
Physical Health Issues	
Drug Misuse	
Alcohol Misuse	
Learning Difficulties/ Basic Skills	
Help with Finances / Budgeting	
Attitude, Thinking and Behaviour	
Family / Relationship	
Keeping up with key appointments	
Registering with GP/ Other Health Service	
Education, Training & Employment	
Risk Management	

Other please give details	
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## SECTION 7: OTHER INFORMATION

*Please provide any other information that may be relevant to the housing providers while considering this application. (Please note that the more information we know with regards to their needs, the better.)*