****Referral Form** – **Aigburth Drive**

***(Please complete all sections with as much***

***Information as possible)***

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| **Name:**  **Date of birth:**  **Age:** | **Referrers Name:**  **Agency:**  **Tel’ Number:**  **Date of referral:** |
| **Ethnic Origin:**  **NI number:**  **Are you a British citizen?**  **Is the prospective tenant an asylum seeker & subject to UK immigration rule?** | **Current Address:**  **Tenure/type (***e.g. private rented/hostel/housing assoc.***):**    **Date You Moved In:**  **Telephone Number :**  **Income Details :** (*please provide details of current income and benefit entitlement including details of any income from pensions*) |

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| **Do you have any requirements when services undertake an assessment?** (For example; wheelchair access, language barrier, hearing loop, large print documentation etc.) **If yes please state what your requirements are.** |

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| **Does you have support needs linked to attending appointments? Yes  No**  **If ‘yes’ will the referrer accompany the applicant to the assessment? Yes  No** |

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| **What is your gender?** |  |  |  |
| **Male** | **Female** | **Transgender** | **Prefer not to say** |

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| **How would you describe your sexuality?** |

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| **Gay male** | **Lesbian** | **Straight/ heterosexual** |
| **Bisexual** | **Other** | **Prefer not to say** |

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| **Do you consider yourself to have a disability?** |

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| **Yes** | **No** | **Prefer not to say** |
| **If you have indicated ‘yes’ please state the nature of you disability.** | | |

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| **Please give details of your housing history. (last 2 years- Please continue on a separate sheet)** | | | | |
| **Last address** | **Address:**  **Postcode:** | **Date from:** | **Date to:** | **Reason for leaving;** |
| **Landlord:** | **Support provider:** | | **Do you owe arrears?**  **Yes** No  **If so how much:** |

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| **Please give details of your housing history. (last 2 years- Please continue on a separate sheet)** | | | | |
| **Previous address** | **Address:**  **Postcode:** | **Date from:** | **Date to:** | **Reason for leaving;** |
| **Landlord:** | **Support provider:** | | **Do you owe arrears?**  **Yes** No  **If so how much:** |

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| **Please give details of your housing history. (last 2 years- Please continue on a separate sheet)** | | | | |
| **Previous address** | **Address:**  **Postcode:** | **Date from:** | **Date to:** | **Reason for leaving;** |
| **Landlord:** | **Support provider:** | | **Do you owe arrears?**  **Yes** No  **If so how much:** |

**Please tell us about your current circumstances by answering the questions below: -**

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| **Why do you need to move from your current accommodation?**  Please provide information about your current housing circumstances in the space below: | | | | | | | |
| **Are you registered on Property Pool Plus? YES  NO**  If ‘no’ please provide further details as to why: | | | | | | | |
| **Are you currently involved in any education, employment or training? YES  NO**  **If ‘yes’ please specify:** | | | | | | | |
| **Support Issues: *(Please indicate all of your support needs and expand on these below )*** | | | | | | | |
| Income/Benefits |  | Harassment | |  | Physical Health | |  |
| Paying Bills |  | Neighbour Relations | |  | Learning Difficulties | |  |
| Budgeting |  | Leisure/Daytime Activities | |  | Offending | |  |
| Debt |  | Nuisance Issues | |  | Education | |  |
| Household Tasks |  | Social Isolation | |  | Medication | |  |
| Furnishing/Decorating |  | Employment/Training | |  | Other | |  |
| **Details of Support Issues:** | | | | | | | |
| **Details of Substance Use Issues :**  **Please tell us about your substance issue below:**  **Alcohol**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Actively drinking** |  | **Trying to manage** |  | **Abstinent** |  |     **Other Substances** Please Specify**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Actively using** |  | **Trying to manage** |  | **Abstinent** |  |   **Please provide further details of current alcohol intake and substances used, including**  **amounts;** | | | | | | | |
| **Are you currently receiving support from other agencies?** (For example; Probation, social workers, support worker, CPN, drug/alcohol worker) **Please continue on a separate page if necessary.** | | | | | | | |
| **Name of agency** | | | **Name of person** | | | **Contact details** | |
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| **Please indicate if you are currently registered with a GP and provide details below:** | | | | | | | |
| **Please tell us if you have any particular interests or if there are any activities you may be interested in pursuing ;** | | | | | | | |
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| **Please give details of other networks of support. (For example; family members)**  Are there any close family members/ friends that provide you with support that the service may need to know about? | | | | | | | |
| **Name of person** | | | **Relationship to you** | | | **Contact details** | |
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| **Risk Issues**  **Please indicate and expand on any risk issues evident in relation to the following areas ;**  *(It is important that we know of any risks to yourself, to our staff who will be working with you, to others or from others. This will help us decide the most appropriate approach to meet your needs)*   |  |  |  | | --- | --- | --- | | **Alcohol misuse** |  |  | | **Drug misuse** |  | | **Aggression/violence** |  | | **Harassment to others** |  | | **Sexual offending** |  | | **Anti-social behaviour** |  | | **Suicidal thoughts** |  | | **Suicide attempts** |  | | **Self harm** |  | | **Mental health issues** |  | | **Victim of domestic abuse** |  | | **Victim of sexual assault** |  | | **Victim of harassment** |  | | **Gambling issue** |  | | **Home/environment risk** |  | | **Arson** |  | | **Other** |  |   **Are you subject to any of the following:**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Community Residence Order** |  | **Community Punishment & Rehabilitation Order** |  | **Anti Social Behaviour Order** |  |  |  | **Drug Rehabilitation Requirement (DTTO)** |  | | **Licence (Specify conditions)** |  | **Bail Conditions** |  | **Acceptable Behaviour Contract** |  |  |  | **Sex Offender Order** |  | | **Schedule 1 Status** |  | **Breach Proceedings** |  | **Injunctions** |  |  |  | **Exclusion Order** |  |      * **Please give details of all that apply; how they are managed; name / confirmation of arrangement with Probation Officer, etc.** * **Has the prospective tenant ever been convicted of a criminal offence?**   **Yes** No ***( if ‘yes’ please state details)***   * **Has any legal action ever been taken against the prospective tenant in relation to Anti Social Behaviour?**   **Yes** No ***(if ‘yes’ please state details)***  **Please provide any further information that you feel may be relevant to this referral to this service in the space below ;** | | | | | | | |

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| **Is there any difference of opinion between referral agency and applicant in respect of any of the above questions?** **Yes** No  *If yes please provide more information.* |

**By signing this document you are agreeing to the following;**

* To this referral being made
* To engage with the support on offer from the service that accommodates you
* The statement- *“I can confirm that the information given within this referral is, to the best of my knowledge, true and accurate.”*

**Agency Referrals**

*(Signed on behalf of referring agency)*

**Name:**

**Signature:**

**Date:**

**Client signature**

*(Or representative if client is unable to sign)*

**Name:**

**Signature:**

**Date:**

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| **If completing online please return the form:** [**referral@livharmreduction.org.uk**](mailto:referral@livharmreduction.org.uk) |

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| **If completing by hand please return to:** |
| **The Manager**  **2, Aigburth Drive**  **Aigburth**  **Liverpool**  **L17 3AA** |

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| **What happens next?** |
| * **Upon receipt of the referral, the managers will assess whether the application is suitable. If they feel that more information is required, they may contact you to discuss any additional details *within 7 working days*.** * **If the managers find the referral suitable for 2 Aigburth Drive, they will contact you to arrange a suitable date and time for an assessment. *Within 7 working days of receipt*.** * **If the managers feel that this is not a suitable referral, they will contact you to discuss the reasons why, within *7 working days*. During this discussion they may recommend a more suitable housing option.** |