

# REFERRAL FORM/ RISK ASSESSMENT

Please note that Lindale Recovery Service do not always house applicants. We are a recovery-based services and applicants must meet certain criteria to access our services.

This form should be completed by the person making the referral i.e. Key Worker, Social Worker, in consultation with the person applying for Tenancy Support. All textfields must be completed in full and if the answer to any question is 'yes' full details must be given. If the space allocated is not enough please continue on a separate sheet(s).

## 1. REFERRER DETAILS

NAME OF REFERRAL ORGANISATION AGENCY

NAME OF PERSON COMPLETING REFERRAL

AGENCY ADDRESS

TOWN/CITY

COUNTY

POSTCODE

TELEPHONE NO:

EMAIL ADDRESS

SIGNATURE

DATE

DOES THE APPLICANT HAVE ANY SUPPORT NEEDS?

YES      NO

If no, then Lindale Recovery Service will not accept the referral as we are a supported housing provider only.

IDENTIFY THE APPLICANTS PRIMARY AND SECONDARY NEEDS

RISK OF HOMELESSNESS

ROUGH SLEEPER

OFFENDING BEHAVIOUR

SUBSTANCE MISUSE

MENTAL HEALTH

YOUNG PERSON

CARE LEAVER

REFUGEE STATUS

## 2. APPLICANT DETAILS

**NAME OF APPLICANT**

**ANY OTHER NAMES APPLICANT HAS USED:**

**CURRENT ADDRESS OF APPLICANT(S)**

**TOWN/CITY**

**COUNTY**

**POSTCODE**

**APPLICANTS TELEPHONE NO:**

**APPLICANTS EMAIL ADDRESS:**

**REASON FOR APPLICANT BEING HOMELESS**

**DOES THE APPLICANT HAVE AN ADDITIONAL**

**YES      NO**

**ADDITIONAL ADDRESS OF APPLICANT(S)**

**TOWN/CITY**

**COUNTY**

**POSTCODE**

**DATE OF BIRTH (DD/MM/YYYY)**

**NATIONAL INSURANCE NO:**

**NATIONALITY**

**LANGUAGES SPOKEN**

**TYPE OF INCOME**

**AMOUNT PAID (£)**

**HOW OFTEN**

**DAY RECEIVED**

## 2. APPLICANT DETAILS (CONTINUED)

**IS THE APPLICANT RECEIVING HOUSING BENEFIT?**

**YES      NO**

**IF THE ANSWER IS NO, BRIEFLY DESCRIBE WHY**

**IS THE APPLICANT ELIGIBLE FOR HOUSING BENEFIT?**

**YES      NO**

**IF THE ANSWER IS NO, BRIEFLY DESCRIBE WHY**

**NEXT OF KIN**

**ADDRESS**

**TOWN/CITY**

**POSTCODE**

**TELEPHONE NO:**

**RELATIONSHIP**

**HAS THE APPLICANT EVER PREVIOUSLY BEEN RESPONSIBLE FOR A TENANCY/LICENCE AGREEMENT**

**YES      NO**

**IF YES, PLEASE GIVE DETAILS OF LANDLORD/S ADDRESSES/DATES**

**HAS THE APPLICANT GOT ANY RENT ARREARS?**

**YES      NO**

**IF YES, PLEASE GIVE DETAILS OF LANDLORD/S ADDRESSES/DATES AND RENT ARREARS TOTAL**

**HAS THE APPLICANT EVER BEEN EVICTED FROM A PROPERTY**

**YES      NO**

## 2. APPLICANT DETAILS (CONTINUED)

**HAS THE APPLICANT GOT ANY MENTAL HEALTH NEEDS?**

**YES          NO**

**IF YES PLEASE GIVE DETAILS INCLUDING ANY INVOLVEMENT WITH MENTAL HEALTH SERVICES**

**DOES THE APPLICANT CURRENTLY MISUSE SUBSTANCES SUCH AS ALCOHOL OR DRUGS**

**YES          NO**

**IF YES PLEASE GIVE DETAILS INCLUDING ANY INVOLVEMENT FROM OTHER SERVICES:**

**IS THE APPLICANT ON ANY MEDICATION?**

**YES          NO**

**IF YES GIVE DETAILS:**

**DOES THE APPLICANT HAVE A LEARNING DISABILITY?**

**YES          NO**

**IF YES GIVE DETAILS INCLUDING ANY INVOLVEMENT FROM OTHER SERVICES**

## 2. APPLICANT DETAILS (CONTINUED)

**HAS THE APPLICANT GOT ANY CRIMINAL CONVICTIONS?**

**YES            NO**

**IF "YES" GIVE DETAILS OF ANY CURRENT OR PREVIOUS CONVICTIONS INCLUDING APPROXIMATE DATE/S AND ANY INVOLVEMENT/CONDITIONS FROM PROBATION /YOS SERVICES IF YES GIVE DETAILS INCLUDING ANY INVOLVEMENT FROM OTHER SERVICES:**

**INCLUDE ANY ADDITIONAL INFORMATION TO SUPPORT THIS APPLICATION**

**ARE THERE ANY OTHER AGENCIES INVOLVED WITH THIS APPLICANT? (PLEASE SPECIFY)**

**NAME OF AGENCY:**

**CONTACT PERSON**

**TELEPHONE NO:**

**EMAIL ADDRESS**

**ARE THERE ANY OTHER EXTERNAL AGENCY RISK ASSESSMENTS IN PLACE?**

**YES            NO**

If yes please attach and return with referral application

### 3. REFERRAL RISK ASSESSMENT

**IS THERE A POTENTIAL RISK TO THE APPLICANT FROM KNOW ASSOCIATES?**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING WHAT TRIGGERS THE RISK**

**IS THERE A POTENTIAL RISK TO THE APPLICANT WITH PERSONAL SAFETY**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING WHAT TRIGGERS THE RISK**

**IS THE APPLICANT AT RISK DUE TO AN INSUFFICIENT SERVICE PROVISION?**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING WHAT TRIGGERS THE RISK**

**IS THERE A RISK TO THE APPLICANT FROM THE COMMUNITY?**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING WHAT TRIGGERS THE RISK**

### 3. REFERRAL RISK ASSESSMENT (CONTINUED)

**IS THE APPLICANT AT RISK FROM OTHER RESIDENTS?**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING WHAT TRIGGERS THE RISK**

**IS APPLICANT AT RISK OF SELF NEGLECT?**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING WHAT TRIGGERS THE RISK**

**IS THE APPLICANT AT RISK OF SELF HARM?**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING WHAT TRIGGERS THE RISK**

**IS THE APPLICANT AT RISK OF SUICIDAL THOUGHTS OR TENDENCIES?**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING WHAT TRIGGERS THE RISK**

### 3. REFERRAL RISK ASSESSMENT (CONTINUED)

**IS THERE A HISTORY OF ATTEMPTED SUICIDES?**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING DATES AND WHAT TRIGGERS THE RISK?**

**IS THE APPLICANT CURRENTLY INVOLVED IN SUBSTANCE MISUSE - DRUGS AND/OR ALCOHOL?**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING WHAT TRIGGERS THE RISK?**

**IS THE APPLICANT UNABLE TO PROTECT THEMSELVES FROM HARM OR EXPLOITATION?**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING WHAT TRIGGERS THE RISK?**

**DOES THE APPLICANT HAVE A LEARNING DISABILITY**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING WHAT TRIGGERS THE RISK?**



### 3. REFERRAL RISK ASSESSMENT (CONTINUED)

**IS THERE RISKS TO OTHER RESIDENTS WITHIN SUPPORTED HOUSING WITH REGARDS TO HEALTH AND SAFETY**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING DATES AND WHAT TRIGGERS THE RISK?**

**IS THERE A RISK OF VIOLENCE / ABUSE TO OTHER RESIDENTS WITHIN SUPPORTED HOUSING?**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING WHAT TRIGGERS THE RISK?**

**IS THERE A RISK OF PSYCHOLOGICAL ABUSE TO OTHER RESIDENTS WITHIN SUPPORTED HOUSING?**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING WHAT TRIGGERS THE RISK?**

**IS THERE A RISK OF OFFENDING BEHAVIOUR TO OTHER RESIDENTS WITHIN SUPPORTED HOUSING?**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING WHAT TRIGGERS THE RISK?**

**IS THERE A RISK OF KNOWN ASSOCIATES TO OTHER RESIDENTS WITHIN SUPPORTED HOUSING?**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING WHAT TRIGGERS THE RISK?**

### 3. REFERRAL RISK ASSESSMENT (CONTINUED)

**IS THERE RISKS TO STAFF DUE TO PREVIOUS OFFENCES IN THE FORM HARASSMENT OR INTIMIDATION?**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING DATES AND WHAT TRIGGERS THE RISK?**

**IS THERE A RISK OF INJURY TO STAFF?**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING WHAT TRIGGERS THE RISK?**

**IS THERE A RISK TO THE PROPERTY IN THE FORM OF DAMAGE DUE TO PREVIOUS COUNTS OF PROPERTY DAMAGE?**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING WHAT TRIGGERS THE RISK?**

**IS THERE A RISK TO THE COMMUNITY DUE TO OFFENDING BEHAVIOUR, HARASSMENT OR OFFENDING BEHAVIOUR?**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING WHAT TRIGGERS THE RISK?**

**IS THERE A HEALTH & SAFETY RISK TO THE COMMUNITY DUE TO NOISE OR NEEDLES ETC?**

**YES            NO**

**IF YES, GIVE DETAILS INCLUDING WHAT TRIGGERS THE RISK?**

## 4. GDPR PRIVACY NOTICE

The GDPR is a new EU Data Protection Law, which will determine how people's personal data is collected, processed, kept safe and the legal rights individuals have in relation to their own data.

We have a Data Protection system in place to oversee the effective and secure processing of your personal data. The information we collect comprises both sensitive and non-sensitive data including (but not limited to) name, date of birth, phone number, national insurance number, next of kin, ethnicity, religious beliefs, physical/mental health, sexual orientation, offending behaviour/criminal convictions, medical conditions and any safeguarding concerns/vulnerabilities.

Lindale Recovery Service collects information from a variety of sources including third party referral forms and telephone conversations, license agreements and through ongoing support activity with you and with other agencies involved in supporting you in order to meet our contractual obligation to provide suitable housing and a range of support services to you. This may include homeless organisations, probation services, the police or other authorities. We will be the data controller for personal data that you provide to us. We may also have CCTV cameras in communal areas in some properties in order to prevent anti-social behaviour. We will not sell or share your data with any unrelated third parties.

We need to collect and store some of this information in order to understand and assess

your housing and support needs so that we can provide appropriate and targeted support to you. This may include referrals for people with disabilities, substance misuse, mental health, offending behaviour or other vulnerabilities. We may share this information with a third party to fulfill our contract, who will act as the data processor in order to provide you with suitable and appropriate support services and with who we have a data sharing agreement or have a legal obligation.

Your personal data will be kept on file by us and only used to provide you with a range of supported housing services. We will not collect any personal data from you we do not need in order to provide and manage this service to you. We will assume that you provide us with any next of kin/contact information with their knowledge and consent and will only use this information appropriately or in an emergency.

We will only keep your information for as long as is reasonable, in line with relevant regulation and contractual obligations to our regulators. Under the Data Protection Law you have the right to access your personal data held by us, to request erasure of data and to correct any inaccuracies in that information.

## REFERRAL CONTACT

**Email:** Stephen.curley@lindale-homes.co.uk

**Address:** 110 Yardley Rd, Acocks Green, Birmingham B27 6LG

## 5. EQUAL OPPORTUNITIES MONITORING

### GENDER (PLEASE TICK ONE)

MALE

FEMALE

TRANSGENDER

PREFER NOT TO SAY

### RELIGION/FAITH (PLEASE TICK ONE)

NONE

CHRISTIAN (ALL DENOMINATIONS)

BUDDHIST

HINDU

JEWISH

MUSLIM

SIKH

OTHER

PREFER NOT TO SAY

### ETHNIC GROUP (PLEASE TICK ONE)

WHITE BRITISH

WHITE IRISH

WHITE EUROPEAN

OTHER WHITE BACKGROUND

WHITE AND BLACK CARIBBEAN

WHITE AND BLACK AFRICAN

WHITE AND ASIAN

OTHER MIXED BACKGROUND

INDIAN

BANGLADESHI

PAKISTANI

OTHER ASIAN BACKGROUND

CARIBBEAN

AFRICAN

OTHER BLACK BACKGROUND

CHINESE

GYPSY/ROMANY/IRISH TRAVELLER

OTHER

PREFER NOT TO SAY

## 6. DISCLOSURE

**I AGREE THAT THE INFORMATION CONTAINED IN THIS REFERRAL FORM IS TRUE AND ACCURATE AND I CONSENT TO IT BEING USED AS PART OF HEARTSEASE HOUSING CIC ASSESSMENT AND RISK PROCESS.**

**SIGNED BY APPLICANT**

**DATE**

## 7. AUTHORISATION OF CONSENT

**I AUTHORISE A REPRESENTATIVE OF HEARTSEASE HOUSING CIC TO HAVE ACCESS TO AND COPIES OF ALL RISK ASSESSMENT INFORMATION, SUPPORT PLANS AND ANY OTHER PAPERWORK RELEVANT TO MY CONTINUING SUPPORT NEEDS. I ALSO AUTHORISE A REPRESENTATIVE OF LINDALE RECOVERY SERVICE TO DISCUSS ANY ISSUES, AND ACT ON MY BEHALF, REGARDING MY BENEFITS, HOUSING BENEFITS AND SUPPORT NEEDS.**

**I UNDERSTAND AND AGREE WITH THE PRIVACY NOTICE AS DETAILED ABOVE**

**SIGNED (APPLICANT)**

**DATE**

## 8. SUPPORT ACTIVITIES

PLEASE TICK THE BOXES BELOW TO INDICATE THE CLIENTS INDIVIDUAL SUPPORT NEEDS

Support Activities (Referrals should have at least a minimum of three or more support needs listed below to meet the service criteria)

<b>1</b> BENEFITS	<b>2</b> INDEPENDENT LIFE SKILLS	<b>3</b> HEALTH & WELLBEING
<b>4</b> TRAINING	<b>5</b> EMPLOYMENT	<b>6</b> VOLUNTEERING
<b>7</b> EDUCATION	<b>8</b> BUDGETING	<b>9</b> REDUCE DEBT
<b>10</b> LIAISING WITH EXTERNAL AGENCIES	<b>11</b> PROBATION OFFENDING	<b>12</b> MENTAL HEALTH
<b>13</b> REDUCING SUBSTANCE MISUSE	<b>14</b> REDUCING ALCOHOL CONSUMPTION	<b>15</b> EMOTIONAL/ COUNSELLING
<b>16</b> PHYSICAL HEALTH	<b>17</b> LEISURE	<b>18</b> ACCESSING SOCIAL NETWORKS
<b>19</b> MAINTAIN TENANCY	<b>20</b> MOVE ON TENANCY READY	<b>21</b> ANTI SOCIAL BEHAVIOUR
<b>22</b> EQUALITY & DIVERSITY	<b>23</b> CULTURAL FAITH ACTIVITIES	<b>24</b> OTHER

## 9. FOR INTERNAL USE ONLY

### TO BE COMPLETED BY REFERRAL OFFICER

(We can only accept referrals from recognised referral sources who confirm that the individual is a vulnerable homeless Person with no less than three areas of support needs)

Has the support needs and risks been taken into consideration prior to making a decision in accepting the referral:  
Have you checked the following

#### IS IT A RECOGNISED REFERRAL SOURCE

YES            NO

#### DOES THE REFERRAL INDICATE THE PERSON HAS A MINIMUM OF THREE AREAS OF SUPPORT NEEDS

YES            NO

#### ACCEPTED

YES            NO

IF REFUSED PLEASE RECORD REASONS

RESIDENTS REFERENCE NO

MANAGERS SIGNATURE:

DATE

ALLOCATED ADDRESS:

AGREED TENANCY START DATE

MANAGERS SIGNATURE

DATE