

Company No. 7575387

21 Institute Road, Kings Heath Birmingham B14 7EG.

REFERRAL FORM/ RISK ASSESSMENT

Please note that Prospect Housing do not always house applicants on the day of referral. The process can take up to three working days. However it can on occasions be processed more quickly.

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.

This form 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).

REFERRER DETAILS

Name of referral organisation/agency:	
Agency address	
Telephone Number: Fax Number	Email address:
Name of person completing referral:	
Position in organisation:	
Signature:	
Date:	
Is the person aware of the referral? Yes / No	
If not why?	
Does the applicant have any support needs Yes / No (The needs will be identified at the interview stage in conjunction with Prospect Housing support staff)	



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APPLICANT DETAILS

Name of applicant:	
Any other names applicant has used:	
Current address of applicant(s) last address	
Applicants Contact Number	
Is there another address where the applicant can be contacted	Yes / No
Address:	
Post Code:	
DOB:	National Insurance Number:
Please state what income the applicant is currently receiving:	
Is the applicant currently receiving Housing Benefit:	Yes / No
If not why?	
Is the applicant eligible for housing Benefit	Yes / No
Next of Kin:	
Address:	
Telephone No:	
Relationship to applicant –	
Has the applicant ever previously been responsible for a tenancy/licence agreement	
Yes / No	
If so name of Landlord/s addresses/dates	
Has the applicant got any rent arrears	Yes / No
If so how much £	
Name of landlord /address /dates of residency	



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Has the applicant ever been evicted from a property	Yes / NO
If so name of Landlord/s address / dates / reasons	
Has the applicant got any physical health needs?	Yes / No
If Yes please give details	
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:	
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 from probation /YOS services	
Are there any other agencies involved with this Applicant (Please Specify)	
Name of Agency:	



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Telephone Number.

Are there any other external agency risk assessments in place

Yes / No

x

If yes please attach and return with referral application

Referral Risk Assessment

Potential Risks	Risks Identified		Further Details
Risks to Applicant	Yes	No	
Self harm			
Know associates			
Personal safety			
Insufficient service provision			
Risk to applicant from the community			
Risk to applicant from other residents			
Self Neglect			
Vulnerabilities/ Abuse <i>Could the applicant be unable to protect him/her self from harm or exploitation?</i>			Never lived on her own. Has no money
Debt/budgeting issues			Made JSA claim today. Currently on nil income

Risks to other residents within Supported Housing	Yes	No	
Health and Safety			
Risk of violence / abuse			
Risk of psychological abuse			



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Offending behaviour			
Known associates			
Potential conflict			

Risks to Staff	Yes	No	
Previous offences against staff including harassment victimisation and intimidation			
Risk of Injury to staff			

Risks to scheme /service	Yes	No	
Has the applicant any history of any property damage			

Risks to Community	Yes	No	
Offending Behaviour including violence			
Health and safety (e.g. Noise, needles etc.)			
Risk of harassment / victimisation			
Know associates			

Equal Opportunities Monitoring

Gender

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>
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Do you have a religion/faith (please tick one)

- ☐ None ☐ Christian (all denominations) ☐ Buddhist ☐ Hindu ☐ Jewish ☐ Muslim
☐ Sikh ☐ Other (please write) ☐ Question refused prefer not to say

Ethnic Group (please tick one)

White: ☐ British ☐ Irish ☐ European ☐ Any other White Background (please write in)

Mixed Parentage: ☐ White and Black Caribbean ☐ White and Black African
☐ White and Asian ☐ Any other mixed background (please write in)

Asian or Asian British: ☐ Indian ☐ Bangladeshi ☐ Pakistani
☐ Another Asian background (please write in)

Black or Black British: ☐ Caribbean ☐ African
☐ Any other Black background (please write in)

Chinese or other ethnic group: ☐ Chinese ☐ Gypsy/Romany/Irish Traveller
☐ Other (please write in)

☐ **Question Refused/Prefer not to say**

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 Prospect Housing Ltd assessment and risk process.

Signed by Applicant

Date

Referral Form

Authorisation of Consent

I (Name)

Address if applicable

Authorise a representative of Prospect Housing 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 Prospect Housing to discuss any issues, and act on my behalf, regarding my Benefits, Housing Benefits and Support Needs.

Signed (Applicant)

Date

Referral contact – Email office@midlands-living.co.uk

Address Midland Living LTD 69 WITTON ROAD, ASTON, BIRMINGHAM, B6 6JP

For Internal Use only

To be completed by Support Manager or Senior Support /Housing Staff



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Accepted for Interview	Yes / No	Managers signature:
Reasons for decision		Date:

Interviews to be completed by Prospect Housing Support Staff

Decision following Interview:	Assessors signature:
Reason for decision	Date:
Allocated Address:	Agreed tenancy start Date:
Managers Signature:	Date:
Support Team Notified of Tenancy Start Date	Date:
Name of support team member Informed:	Date: