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| **First name:**  |  | **Surname:**  |  |
| **Sex/ gender:**  |  | **D.O.B:** |  |
| **Phone number:**  |  | **Email:**  |  |
| **Current** **accommodation status:** |  |
| **National insurance number:** |  |

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| **How does the applicant manage his mental health and well-being on a day today basis and their support needs?** Previous diagnosed and identified conditions, access counselling, addiction, accessing information and advice, information around maintaining mental and physical health and engage with services, medication needs, mobility.  |
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| **Health and self-care:** Does the applicant require support to access mental health services or ongoing engagement with other support services? Managing medication, managing diet, access information on health and fitness, lack of sexual health awareness, has previous been or still involved in sex work? Do they require support to find a GP or dentist? |
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| **Living skills:** Support to maintain property, health, and safety concerns, can maintain self-care with or without prompts, awareness of legal rights and access advice, develop social contacts in the community, are they able to shop and cook for themselves? |
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| **Housing and accommodation needs:** Support to clear debts, support to find alternative accommodation,managing bills, develop and maintain payment plans. Budgeting money, maintaining accommodation skills, hoarding, minimise ASB?  |
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| **Financial well-being:** Does the applicant need support to budget money? Expenditure/ monitoring spending, risk of financial abuse, support to clear debt, support around letters and bills, support with applying with grants, support setting up direct debits, opening a bank account. Support to increase benefits? |
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| **Social well-being:** Support with accessing the community, social events, or appointments.Reducing isolation, discrimination, bereavement, managing personal relationships, support with communicating.  |
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| **Wishes for self:** To identify and develop personal goals, improve self-confidence, motivation, and improve personal responsibility, volunteering, employment, and education, support with housing needs, social activities in the community, emotional support.  |
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| **Please ensure the bottom section of the form is completed along with supporting documents EG: risk assessments, personal housing plans and other relevant information that may support their application.** **We will be unable to accept applications without further evidence. Class A substance use is prohibited we are unable to take active users.**  |

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| **Personal safety:** Safeguarding concerns, feeling unsafe risk from others in the community, risk of violence or gang related matters, risk to others in the community, risk to self, offending history.  |
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| **Substance misuse:** Does the applicant have any previous or current substance missuses? If so which drugs? Have they or are they receiving support from other agencies around this? If so which agencies? Further support family, friends, support given. |
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| **Risky Behaviour:** Current or previous sexual inappropriate behaviour towards others or are they vulnerable to exploitation to abuse EG sexual, financial, physical. Sex work currently or previously. safeguarding concerns- addiction (drink, drugs, gambling)risk of self-neglect, physical, living environment, health and safety, risk of not taking medication, suicide ideation previous/current or previous suicide attempts. Support to enrol in substance misuse program, reduce and maintain abstinence. Risk of violence to others?  |
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| **Further background information.** |
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| **Income details:** (Is the applicant claiming or applied for, UC/PIP/ESA etc)  |
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| **Does the applicant have I.D?** (Passport, driving licence, ID card, etc) |
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| Has the applicant given consent for the referral?  |  |  |

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| **Referral agency:** |  |
| **Referrer’s name:** |  |
| **Referrer’s signature:**  |  |
| **Date:** |  |

 Please return enquiries to Tate housing

 [Referrals@tatehousing.co.uk]